Poges 1 and 2

ted within 24 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificat Page 4 moy be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14890

14812		CERTIFICATE OF DEA	IH	14020
1. DECEASED-NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR
(Type or print)	rances Pear	1 Anderson	Oct. Month 8.	Day 968 Year 10 P.M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	Caucasian	6-5-08	lost birthday)	YRS. MDNTHS DAYS HOURS MIN.
7o. 8IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEXX NEVER MARRIED		11.5.
country]Michigan	USA	WIDOWED DIVORCED	Prince George	. s
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF give street oddress)	R INSTITUTION (If nat in haspital 12a	. USUAL OCCUPATION (Kind of work	dane 12b. KIND OF BUSINESS OR INDUSTRYHOME
Cheverly	Prince Geo	.Gen'l Hospital	ring metal rentanglike, even if reti	Home
13o. USUAL RESIDENCE (Where deceose admission) STATE Maryland	ed lived, if institution: Residence before 13b. COUNTY Prince George's	VECX.	13e. STREET AND NUMBI	
14. FATHER'S NAME First Willia	Middle Las	IS. MOTHER'S MAIDEN N		dle Lost
16o. WAS DECEASED EVER IN U.S. ARM Yes, no er unknawn) (If yes give w	AED FORCES? var or dates of service) 16b. SOCIAL SECUR Unknow		Anderson, same as	ress #13 (Husband)
PART I. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	ATE CAUSE (a) Left lowe DUE TO, OR AS A CONSEQUENCE	e heart failure.	monia.	
	(C)	IT NOT DELATED TO THE TERMINAL DISCA	SE OD CONDITION CIVEN IN DARY 1/-1	
// O // /		IT NOT RELATED TO THE TERMINAL DISEA		
196. DATE OF OPERATION 196.	Surgical CONDITION FOR WHICH OPERATION WA		lung and right br 20b. IF YES, WERE FINDI NO CAUSES OF DEATH? Ye	INGS CONSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDERLYIN TO DR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examir 2)d INHIPY OCCUPPED. 121a	TH HOUR A.M. Manth Day Y	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or P	
21d. INJURY OCCURRED 21e. While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T, FACTORY,) 21f. LOCATION Street or R.F.	F.D. Na. City or Town	County State
saw the deceased a	is hospital) ottended the dece live on Oct 8, e, (I) (wg) (did) (did net) view t	eosed from	1930, to Oct 8 () opinion death occurred on the	_, 19 <u>68</u> _, that (I) (we) las he dote ond hour ond from the
22b. SIGNATURE	· Brain		MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED Oct. 9, 1968
22d. PHYSICIAN'S NAME (Type) W11	liam Brainin, M.	D. 22e. ADDRESS 6056 Ce	entral Ave., Capit	
23a. BURIAL, CREMATION, 23b. I	DATE 10-12-68 23 NAME Ce da	of CEMETERY OR CREMATORY IT HILL Cemetery	23d LOCATION (City or Town Suitland, Ma	aryland (State)
24. FUNERAL DIRECTON 11helm 4308 Suitland Rd	Funeral Home ADDA L. SE, Washington	RESS 25a. D.C. DAN		TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use os the burial-tronsit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 70 have another death.

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ANX I F	Po - , u - 10(4 - 10 p)	William New A	n de la companya de l	
TAMEL, D.	ers' inglow, form	(Lan	al	Ne No Call
	Secretary Medical			
213	Dell 117			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14821 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle lost

(1	Type or print) Seor	GE W	HTIL	100	Month 2 19	1960	1AM
3. SE	Male	4. RACE white	S. DATE OF BIRTH 9/17/15		6. AGE (In years last birthdoy) 53 YRS.		F UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (Stote or foreign 7 ntry) Md	b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED			e's	Md.
10. 0	CITY OR TOWN OF DEATH Cheverly		NSTITUTION (If not in hospitol Georges Hospt	120. USUAL OCCUPATION during most of working ACCOUL	life, even if retired.)	12b. KIND OF BUINDUSTRY S Gove	usiness or erment
	USUAL RESIDENCE (Where deceased ission) STATE Md	lived, if institution: Residence before 13b. COUNTY Pro Geo.			reet and number 404 Sweeth	oier Dri	ve
14. [FATHER'S NAME First Charle	Middle lost es M Attick	IS. MOTHER'S MAIDE Lilli:	en NAME First an L Bursey	Middle	.111	Lost
	. WAS DECEASED EVER IN U.S. ARMEI (es, na, ar unknawn) (If yes give war			ttick Coll	Address lege Height		
	PART 1. DEATH WAS CAUSED	one couse per ling for (o), (b) and (c BY: E CAUSE (o)	My ocardia	1 fails	re	APPROXIMA BETWEEN ONSI	EF AND DEAT
	Conditions, if ony, which gave rise to immediate couse (o),	DUE TO, OR TO CONSEQUENCE OF	ratic pa	of Riseas	4	254	2+
	stoting the underlying couse lost.	due to, or \$5 \$ consequence of	F				
z	PART 2. OTHER SIGNIFICANT COND 4/0 ×	ITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVE	N IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS P	PERFORMED 200. AUTOPSY YES		F YES, WERE FINDINGS CO S OF DEATH?	ONSIDERED IN CER	TIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF OFATH (If either, natify medical exomine)	r) HOUR A.M. Manth Doy Yeo	r 19	RED (Enter noture of inju	ry in Part 1 or Port 2, 1	tem 1B.)	
ME	21d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street of	r R.F.D. No. City	or Town	County	State
	sow the deceased aliv	hospitol) attended the decear ve on (did) ((1) view the	and that in (my)		occurred on the da		(I) (we) lost nd from the
	22b. SIGNATURE	trevine h	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	DATY SIGNED 6	F
,	22d. PHYSICIAN'S NAME (Type)	C. ETIEN	INE 22e. MODRES	'Yalle	7-e 0 6	M.	40
230.	BURIAL, CREMATION, 23b. DAR REMOVAL (Specity) 10/		r CEMETERY OR CREMATORY	Colma	ON (City or Town) r Manor Pro		(Stote) Md
24.	FUNERAL DIRECTOR F. Gasch	's Sons Hyattsvi		OCT 2 5 196	25b. REGISTRAR'S	SIGNATURE COMPANY	e

certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours at death requires that **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law^y requires thu Poge 4 may be retained by the hospitol or ottending physicion. VR A15 (1) 30M REV. 1) 68

2So. REC'D BY REGISTRAR DAOCT 2 5 19

1968

24. FUNERAL DIRECTOR
F. Gasch's Sons

. DECEASED-NAME

1284 BILLION OUT OF BOSIN +3/33/--) AND ADDRESS OF THE PROPERTY OF THE PARTY OF Fruit Hypewald Jailine Phenolic Feed the way 2542 + 100 C 5 1968 PARMENT AND STREET

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 TE OF DEATH

14822

	DIVISION OF	TITAL RECORDS, SOT W.	LIVE
814		CERTIF	ICA

	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							
(T	CEASED-NAME First	TRUDE Middle	EN	BAILEY	2a. DATE OF	Month Day	y Year	2b. HOUR 3: 55 pM
3. SE	X	4. RACE		S. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Female	White		3-27-94		74 YRS.	כחואעה כחואעה	HOURS MIN.
	SIRTHPLACE (State ar fareign try)	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
tuoi	"" Penna.	USA	WIDOWEDX			Georges		Md.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If no			(Kind of work dane life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
_	Riverdale	Leland M		al Hosp.	house	ekeeper		1ESTIC
	USUAL RESIDENCE (Where dece ssian) STATE Penn	ased liyed, if institution: Residence befare	13c. CITY OR Kers	YES	NO []	REET AND NUMBER		
14. F	ATHER'S NAME First	Middle Last) 15.	MOTHER'S MAIDEN NAME	First	Middle		Last
-	TERRANCE	= Drow,	N	ROSE	AI	DAMS		
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY N	NO. 17. IN	FORMANT		Address	UENA U	VISTA.
'	es, na, ar unknown) (If yes give	188-22-	9666	MRS WM	BROWN	V EUCEL	DOM	O PRIVE
		anly ane cause per line far (a), (b), and (c).	11				APPROX BETWEEN I	IMATE INTERVAL DINSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	Heu	muntely	1			
	4120	DUE TO, ON AS A CONSEQUENCE OF		11		M. W.		
	Canditians, if any, which gave		Derecti	in Mu	wine	J. V. Muce	14	
	rise to immediate cause (a) stating the underlying cause							
	last.	(c)						
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE O	RCONDITION GIVE	N IN PART I(a)		
NO	443 X							
MEDICAL CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	CALISES	YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN C	ERTIFYING
RTIFI				YES NO				
AL CE	21a. ACCIDENT WAS UNDERLY The contributing cause of the	2101 111112 01 111101111	21c. HO	W INJURY OCCURRED (En	nter nature af inju	ry in Part 1 ar Part 2,	Item 1B.)	
EDICA	(If either, natify medical exar	miner) P.M.						
×	21d. INJURY OCCURRED 21 While Nat while	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TDRY.) 21f. LO	CATION Street or R.F.D. 1	Na. City	ar Tawn	Caunty	State
	at wark at wark			July 2 /	3 D	0.1	10	
	220. I certify that (I) (1	this hospital) ottended the decease	ed from	19		, 19		(I) (we) lost
	saw the deceased	alive on 1 ye, (I) (we) (did) (did not) view the	body after d	I that in (my) (ou t) o leath	pinion deoth (occurred on the do	ote ond nour	and from the
	22b. SIGNATURE	(c, (i) (we) (ala) (ala liel) view ille	body dilor d	. 1		221	DATE SIGNED	
	Ruth	MI des so will	DEGRI	EE PHYS.	MED. DIRECTOR	STAFF PHYS.	10/2. N	YLEX
H	22d. PHYSICIAN'S	Many Comments		22e. ADDRESS				
,	NAME (Type) ROL	BERT C. WING	F160	0				
23 a.		D. DATE 23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOCATIO	ON (City ar Tawn)	(Caunty)	(State)
1	REMOVAL (Specify)	1-8-68 St/	Soni	lace les	en /Ce	ersey &	Lhe.	Court,
24.	FUNERAL DIRECTOR	ADDRESS	.04	7, 1	BY REGISTRAR	25b. REGISTRAR'S		
1	e wall No	malded all	16 /1	DATE O	CT 8 19	368 scho	men la	de

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending prescious and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease-remove carbon bapers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with a 72 hayrs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

Poge 4 moy be retained by the hospitol or ottending physicion.

THE RESERVE OF THE CASE OF THE PARTY OF THE

IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work 22a. I certify that (I) (this hespital) attended the deceased from 1962, and that is (r _1962, and that is (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) FRM 0

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

State

County

239 NAME OF CEMETERY OR CREMATORY See. Walkenston Con 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION Washington Cemiting

21b. TIME OF INJURY

250 REC'D BY REGISTRAR 2Sh. REGISTRAR'S SIGNATURE 1968

30M REV. 1168

24 hours after deoth.

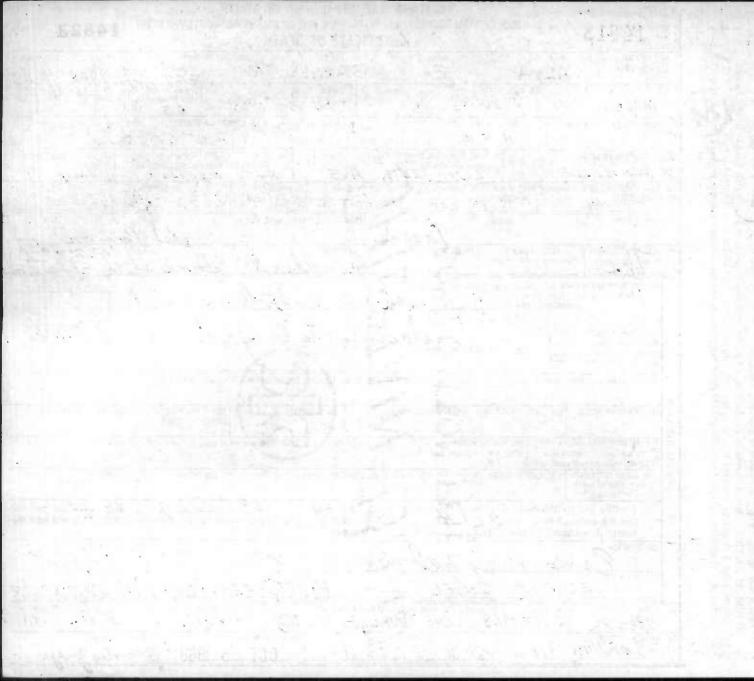
The law requires that the death certificate be e.

Page 4 moy be retained by the hospitol or attending physicion.

director, page 3 should be detoched for use as the should he filed with the Stote Dept. of Health prior to

210. ACCIDENT WAS UNDERLYING

completely filled in by the funeral



deoth.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14824

	TAOTO			CERTIFICA	ATE OF DEATH			THUY	/ 12
(1	ECEASED-NAME Type or print)	First Arthur	Middle H	Ва	lost xter	2a. DATE OF	Month 29,00	1968 ^{Yeor}	2b. HOUR 9:05A
3. SE	x Male	4. RACE Cauca	asian		Dec 16, 1	916	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
70. 1 cour	BIRTHPLACE (State or fore otry) Md	ign 7b. CITIZEN OF W		B. MARRIED [NEVER MARRIED DIVORCED	9. COUNTY OF		Za.	
	CITY OR TOWN OF DEATH	give	AME OF HOSPITAL OR INS		during	SUAL OCCUPATION mast of working	(Kind of work done life, even if retired.)	12b. KIND OF	BUSINESS OR
13a. adm	ssion) STATE Maryland	deceased lived, if institution 13b. COUNTY	ince Geo.Ge tion: Residence befare George's I	13c, CITY OR 1	111e YES	NO ☐ 75	REET AND NUMBER		CO
14. 1	FATHER'S NAME First Geor	Middle ge P Baxter	Lost	15.	MOTHER'S MAIDEN NAME Sadi	First Le Robins	Middle		last
	was DECEASED EVER IN (es, no, or unknown)	U.S. ARMED FORCES? f yes give war or dates of service)	16b. SOCIAL SECURITY N 218 05 677		^{FORMANT} Nell G Baxt	ter K	Address entland, M		IMATÉ INTÉRVAL
	PART I. DEATH WAS	DUE TO, OR by gave (a), (b)	AS A CONSEQUENCE OF	uma	of po	aukre	me las E lusolou	Ja	onset and death
NC	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE O				
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION WAS PE		20a. AUTOPSY? YES NO	CAUSES	YES, WERE FINDINGS OF DEATH?		ERTIFYING
MEDICAL CE	21 o. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, notify medical	SE OF DEATH HOUR A.M. P.M.	Manth Day Year		V INJURY OCCURRED (Er		ry in Part 1 or Part 2,	Item 1B.)	
	21d. INJURY OCCURRED While Nat while at work	21e. PLACE OF INJURY					ar Town	County	State
1	22a. I certify that saw the decec couses stoted	(1) (this dospital) attored alive on OC1 abave, (1) (we) (did)	ended the decease 29 1 (xix xxx) view the l	ed fram 9_ 6.8 , and bady ofter de	hat in (my) (636r) o	pinian death	Oct. 29, 19 accurred on the de	68, that ate and haur	(I) (NO) las
	22b. SIGNATURE) , , ,	DEGRE	ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED Oct. 30,	
	22d. PHYSICIAN'S NAME (Type)	Ohannes Sah	akyan, M. I).	22e. ADDRESS 6001 Land		., Cheverl	y Md	
	BURIAL, CREMATION, REMOVAL (Specify)	236. DATE Nov 1, 19			emetery	Colm	on (City or Town) ar Manor	(County) Pro Geo	(State) Md
24.	Funeral director F. Ga	sch's Sons	ADDRESS Hyattsvil	le, Md.	2So. RECT	BY REGISTRAR 4	1968 REGISTRAP'S	SIGNATURE CANCER	udge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by director, page 3 should be detoched for use os the burial-transit permit. Then please remove corbon papers. Should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and in any event, within 72 hour VR A15 (4) 45M - 1/69 10 C. C. 120 19 1963 1 19 054

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CERT	ΠFI	CATE	OF	DEA	TH

14825

	SED-NAME	First		Middle		Lost	20.	DATE OF D			2b. HOUR
type	or print)		Earl	Milton	Ве	an	0	ct.	Monin 23,	Doy 1968 or	3:55
3. SEX			4. RACE		S.	DATE OF BIRTH			6. AGE (In years	IF UNOER 1 YEAR	
26	-10		0			0 1	7 100	, 1	lost birthdoy)	MONTHS OAYS	HOURS MIN.
	ale HPLACE (Stote or fore	reion 7h	Caucas 1		8. MADDIED TOOL	Sept 1		INTY OF D	U **	<u>~1</u>	
country)		- J.	US		WIDOWED	DIVORCED [200	George's		
10 CITY	OR TOWN OF DEATH		11 NAM	NE OF HOSPITAL OR INST	-				Kind of work done		OF BUSINESS OR
			give str	eet oddress) 1Ce Geo.Get	9 7 77	du	ring most of w	vorking li	fe, even if retired.	.) INDUSTRY	
	heverly		PTIL	n: Residence before	n I HOS	pital	Reti:		Baker ET AND NUMBER	Bak	ery
odmission	n) STATE	re deceosed i	13b. COUNTY			VEC T	7 400				
	aryland				Riverda	Te		5/03	Nichols	on St.	
14. FATH	ER'S NAME Firs		Middle	Lost	15. M	OTHER'S MAIDEN N	hel S	libin	Middle		lost
		encer					ner o				
	S DECEASED EVER IN	(If yes give war ar	FORCES?	66. SOCIAL SECURITY NO 78 09 6878	0. 17. INFO	RMANT G.	Bean	East	Riverda	ale. Md.	
105,1	no, or unknown)										
18.				for (o), (b), ond (c).)							OXIMATE INTERVAL I ONSET AND DEATH
	PART I. DEATH WA	AS CAUSED BY	(:	eredity Sp	ino-cer	ehellar	atavis	voi t	h coma.		
	332/	IMMEDIATE		A CONSEQUENCE OF	THU CE				aphasia		
Co	nditions, if ony, whi	ich gove)	DOL TO, OK AS	A CONSEQUENCE OF		right he	authrea	sta u	apmasta	•	
rise	e to immediate cou	use (o), ((b)	A CONSTONENCE OF							
sto	ting the underlying	g couse	DUE TO, OK AS	A CONSEQUENCE OF							
******	-	,	(c)	NG TO DEATH BUT NOT		TERMINAL RICE	or op complete	ON ONEN	IN DART 1/ 1		
PA	KT Z. OTHER SIGNIFI	ICANT CONDIT	IONS CONTRIBUTI	NG TO DEATH BUT NOT	I KELATED TO IF	E TERMINAL DISEA	SE OKCONDING	ON GIVEN	IN PART I(0)		
8	20 X	101 601	DITION FOR UNIVE		CODUCE	AO AUTO DOVO		Taol IF V	TE WEDE EINDING	CONCIDENCE IN	CEDTIEVINO
E 190	. DATE OF OPERATION	19b. CON	IDITION FOR WHIC	H OPERATION WAS PERI	FURMED	20o. AUTOPSY?			'ES, WERE FINDING! OF DEATH?	2 CONSIDERED IN	CEKTIFYING
3											
RTIFICA						YESXX	NO 🗌			es	
CERTIFIC 510	D. ACCIDENT WAS UP	NDERLYING	21b. TIME OF I		21c. HOW		_	e of injury	in Port 1 or Port		
	D. ACCIDENT WAS UP OR CONTRIBUTING CAP either, notify medica	LUSE OF OEATH	HOUR A.M.	NJURY Month Doy Yeor	21c. HOW		_	of injury			
MEDICAL	or CONTRIBUTING CAN either, notify medical	ol exominer)	HOUR A.M. P.M.	Month Doy Year			(Enter noture				Stote
WEDICAL OF A	or contributing CAN either, notify medica d. INJURY OCCURRED hile Not while	ol exominer) 21e. PLA	HOUR A.M. P.M.	Month Doy Yeor 19 ST HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOCAT	INJURY OCCURRED	(Enter noture	City o	in Port 1 or Port	2, Item 18.) County	
WEDICAL WILL ALL OF A	OR CONTRIBUTING CAME either, notify medical d. INJURY OCCURRED hile Not while control of work of work	tol exominer) 21e. PLA	HOUR A.M. P.M. CE OF INJURY (Month Doy Yeor 19 KT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOCAT	INJURY OCCURRED	(Enter noture	City o	in Port 1 or Port	2, Item 18.) County	at (I) (ame) I
WEDICAL MEDICAL	OR CONTRIBUTING CAME either, notify medical d. INJURY OCCURRED hile Not while control of work of work	tol exominer) 21e. PLA	HOUR A.M. P.M. CE OF INJURY (Month Doy Yeor 19 KT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOCAT	INJURY OCCURRED	(Enter noture	City o	in Port 1 or Port	2, Item 18.) County	nt (1) (ame) (1) tr
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1.		EASED-NAME	First		٨	Aiddle		Last		2a. DATE OF		V	2b. HOUR
	(IV	pe or print)	Iren	e		S.		Bean		00	Month Doy		750 A
3.	SEX			4. RACE				S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HR
		Female		Wh:	ite			12	2-2-83		last birthday) YRS.	MONTHS OAYS	HOURS MI
70	o. Bl	RTHPLACE (State or		b. CITIZEN OF V		TRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY OF	DEATH		
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13 11). Cl	Y OR TOWN OF DEA Riverda		11. give	NAME OF HO	SPITAL OR INS ess) ugene	Leland	at in haspital 1 Memor			(Kind of wark done life even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
1/ 13	30. l	SUAL RESIDENCE (W	nere deceosed	lived, if institu	ution: Resid	ence befare	13c. CITY OR	TOWN	13d. INSIDE CITY LI		REET AND NUMBER		
6	amis	sion) STATE Mar	yland	13b. COUNTY	rince	Geo.	Belts	sville	YES NO	0 31	.07 Craigla	awn Rd.	
1 1	4. F/	THER'S NAME	irst	Middle		Last	19	. MOTHER'S N	MAIDEN NAME F	irst	Middle		Last
		To	hn	7 - 2 2]	Brady				Sarah		Jo	ones
T	6a.	WAS DECEASED EVER s, ng, or unknown)	IN U.S. ARMED	FORCES?		AL SECURITY		NFORMANT			Address		
	16	N.O	No	or dates of services	no	ne	I I	ledica]	Recor	ds			
		8. CAUSE OF DEAT	H (Enter anly	one cause per	line for (a),	(b), and (c).)		21		10		MATE INTERVAL INSET AND DEATH
		PART I. DEATH	WAS CAUSED E	BY: CAUSE (a)	GAS	MOSTE	JTES!	MAL	- 136	11033) (-	20	len
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		stating the underly		DUE TO, OR	AS A CONS	EQUENCE OF)		0			Ane.	/10
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		PART 2. OTHER SIGN	IFICANT CONDI	TIONS CONTRIB	BUTING TO D	DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR C	ONDITION GIVE	N IN PART 1(o)		
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X	CERTIFICATION	90. DATE OF OPERATI	ON 19b. CO	NDITION FOR W	HICH OPERA	ATION WAS PE	RFORMED	20o. AUT		CALISE	YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN CI	ERIIFYING
	3	lo. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF OEATH) P.M	. Month	Day Yeor	9	OW INJURY O	CCURRED (Ente	r noture of inju	ry in Part 1 ar Part 2,	Item 18.)	40.3
		21d. INJURY OCCURI While Nat while It wark		ACE OF INJURY	OFFICE BUIL	LDING, ETC.			eet ar R.F.D. No.		or Town	County	State
		22a. I certify the saw the de causes stat	of (I) (this ceased) alived ed above,	haspital) at re anC (I) (we) (did	tended the 2 (did nat	he decease 9) view the	ed from 9_68an bady aft er	d that in (n death.	my) (aur) api	inian death	ct.29 , 19 accurred on the do	_68_, that ate and haur	(I) (we) lo and fram t
		22b. SIGNATURE	HU	July	w	an	MOEDI	ATTEND REE PHYS.	ING 🔀 N	AED.		ot 29.	1968
1	·	22d. PHYSICIAN'S NAME (Type)	R. F.	Wilkin	son, l	M.D.		22e. AD 4408		sbury F	d., Riverd	lale, Md	l.
H		Burial, cremation, Pemoval (Specty)	23b. DA	.1.68			cemetery or		-	For	ON (City or Town) estville	(County) Mary]	(State) Land
///		UNERAL DIRECTOR		3 5		ADDRESS	. W	ash.		Y REGISTRAR	2Sb. REGISTRAR'S		
8	Le	ee Funer	al Ho	me 30	0.4tl	n st	NE"	ash.	DATE NO	V 4	1968 sch	mes fo	wy.

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O FUNERAL DIRECTOR: After this certificate

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executed within 24 haurs after death

The law requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14827

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1. DECEASED-NAME (Type or print) 3. SEX

CERTIFICATE OF DEATH

2b. HOURD First Middle Last 2a. DATE OF DEATH Month 28, L. Maude Bender Oct. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR MONTHS Caucasian March 3, 1901 Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Ohio II S WIDOWED DIVORCED T Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Frince Geo.Gen'l Hospital during mast af working life, even if retired.) Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO 5313 P Street, SE. Prince Geo 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Payne Stone Evalina Richardson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, errunknown) Raymond C. Bender 9711 52nd Ave. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive acute left cerebral infarct. DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

NO 🗌

CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY,

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While Not while at work

22a. I certify that the (this haspital) attended the deceosed from Oct 21, 19.68, ta Oct 28, 1968, that (b) (we) lost saw the deceased alive on Oct 28, 1968, and that in (causes stated abave (b) (we) (did) (states) view the body ofter death.

21f. LOCATION Street or R.F.D. No.

22e. ADDRESS

22b. SIGNATURE

ATTENDING DEGREE

DIRECTOR

22c. DATE SIGNED STAFF PHYS.

City or Town

Suitland

County

State

22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION

Tomas J. Hernandez, M. D.

Prince Geo. Gen'l Hospital, Cheverly, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

(County) (State)

director, page 3 shauld shauld be filed with the REMOVAL (Specify) 24. FUNERAL DIRECTOR

11-1-68

23b. DATE

Cedar Hill Cemetery 4. FUNERAL DIRECTOR
Wilhelm Funeral Home 4308 Suitland Rd. S. E.

2So. REC'D BY REGISTRAR DATE NOV 1968

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

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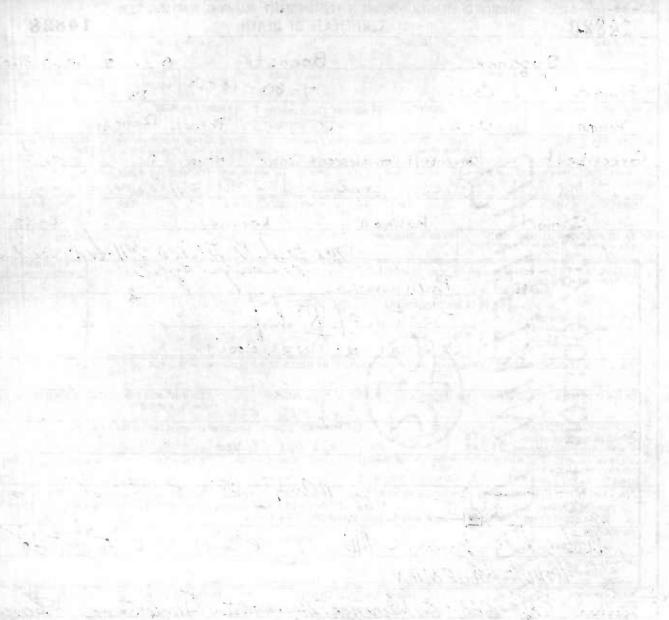
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14829 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) Month Arthur Bingler 1968 Oct. 18 10:30 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) DAYS HOURS Male Caucasian 4/12/08 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Virginia U.S.A. Prince George's WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince George's General during most of working life, even if retired.) **Bus Driver** Public School Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Seat Pleasant 13b. COUNTY NO T 309 70th St Prince Geo. 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Lost James E. Bingler Annie K. Hughson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give wor or dates of service) Yes, never unknown) 577-30-6283 Anna R. Ridgeway - Same as # 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER-SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART, I(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO . 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor HOUR A.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 19.68, to 1800

22a. I certify that (1) (this hospital) attended the deceased from 10 saw the deceased alive on 170 1968, and the _19 6 8, and that in (my) (our) apinion death occurred on the date and have and from the couses stoted obove (1) (we) (did) (did not view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED.

O FUNERAL DIRECTOR: After this certification, page 3 shauld be detached director, page 3 shauld shauld be filed with the VR A15 (4) 30M REV, 1/68

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Page 4 may be retained by the haspital ar attending

ATTENDING

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executed within 24 haurs after death

requires that the death certificat

ct 21, 1968 Ft Lincoln Cemetery 24. FUNERAL DIRECTOR F. Gasch's Sons

23b. DATE

R Deitz

22d. PHYSICIAN'S

23o. BURIAL, CREMATION,

REMOVAL (Specify)

NAME (Type)

Hyattsville, Md.

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING

22e. ADDRESS

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE OCT 2 2 1968

Colmar Manor Pro Geo

Pro Geo Plaza, Hyattsville, Md. 23d. LOCATION (City or Town)

DIRECTOR

(Stote)

Md.

(County)

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Home Mt. Rainier, Md.

Item 13 Film 408 1-22-69 MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68

2Sb. REGISTRAR'S SIGNATURE 1 5 1968

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12b. KIND OF BUSINESS OR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. DECEASED-NAME (Type or print)	First Glen	Middle	D	Lost		TE OF DEATH Manth	DoY1968 ear	2b. HOUR DOA
3. SEX	4. RACE	R.		ant . DATE OF BIRTH	Oct	6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Male 7a. BIRTHPLACE (State or country)		Casian OF WHAT COUNTRY?	8. MARRIED X	August 2 NEVER MARRIED□	9. COUNT	8 40 YI Y OF DEATH	RS.	
Mary la	ATH	S A 11. NAME OF HOSPITAL OR I		in hospital 12a.	USUAL OCCUPA	ce George's	ne 12b. KIND OF.	MUSINESS OR
Cheverly	DOA Where deceosed lived, if in	prince Geo.			School	king life, even if retired Teacher le. STREET AND NUMBER	Jr. H	igh
odmission) STATE Maryland	Prin	ce George's	Laurel	YES 🔀	NO □ 1	3307 Edinb		
14. FATHER'S NAME	First Mid			MOTHER'S MAIDEN NA		Middle		Last
16a. WAS DECEASED EVEL	R IN U.S. ARMED FORCES?	16b. SOCIAL SECURIT		ORMANT	lazel	Address	More	rel, Md
Yes, no, or unknown) Yes	(If yes give war or dates of servi	⁽⁰⁾ 276-22-60	38 Mrs	. Martha	Brant.	13307 Edin	burgh Lar	
111001	which gave (b) cause (a), ying couse (c) (c) NIFICANT CONDITIONS CON	OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O	F NOT RELATED TO		OR CONDITION			
190. DATE OF OPERA	TION 19b. CONDITION FO	R WHICH OPERATION WAS I	PERFORMED	YES KX NO		Ob. IF YES, WERE FINDING AUSES OF DEATH?		RTIFYING
OR CONTRIBUTING [If either, notify m 21d, INJURY OCCUP While of work of work 22a. I certify the saw the design of the control	CAUSE OF DEATH HOUR edicol exominer)	P.M. URY (AT HOME, FARM, STREET, I) Office Building, ETC. attended the decea Oct 2 did) (sickness) view the	19 21f. LOCA sed from 0 1968, and	that in (my) (our) ATTENDING PHYS. 22e. ADDRESS). No. 19 <u>68</u> , ta) apinian dec	City ar Tawn Oct. 2, 1th accurred an the	Caunty 1968 , that: date and haur co	and fram the
23a. 8URIAL, CREMATION			F CEMETERY OR C			CATION (City or Tawn)		(Stote)
REMOVAL (Specify)	201 110	10		7 70 7		Cambo Jan		Md

ADDRESS 250. REC'D 8Y REGISTRAR PAITO Ave. Cumberland DATA OCT 7

1968

REGISTRAR'S SIGNATURE

cuted within 24 hours after deoth **TO FUNERAL DIRECTOR:** After this certificote has been signed by the attending physicial ord Completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please cemove corbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote by Poge 4 moy be retained by the hospitol or ottending physician.

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VR A15 (4) 30M REV. 1/65

FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

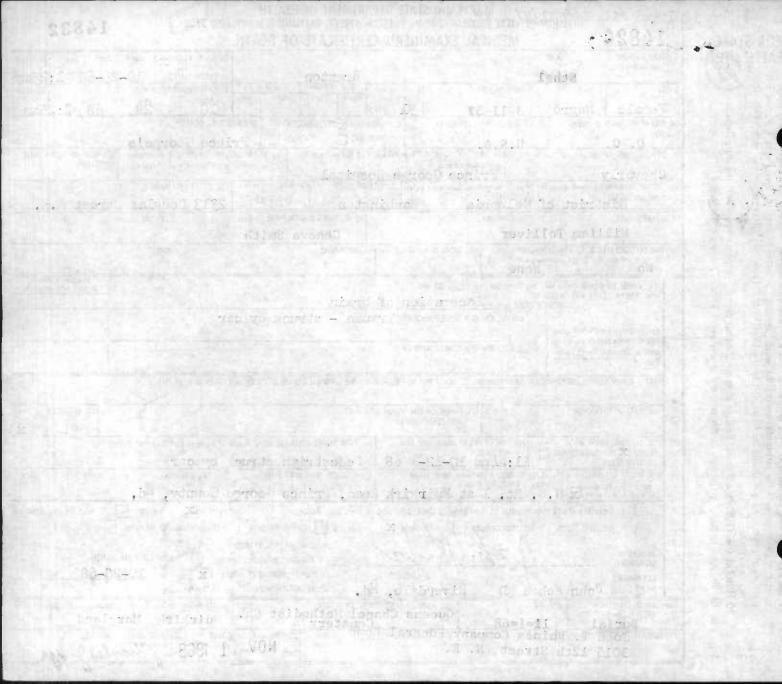
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Item8 FilmGlucision of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A15ME (5) 10M REV. 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filted in by the Lunard director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours ofter death.

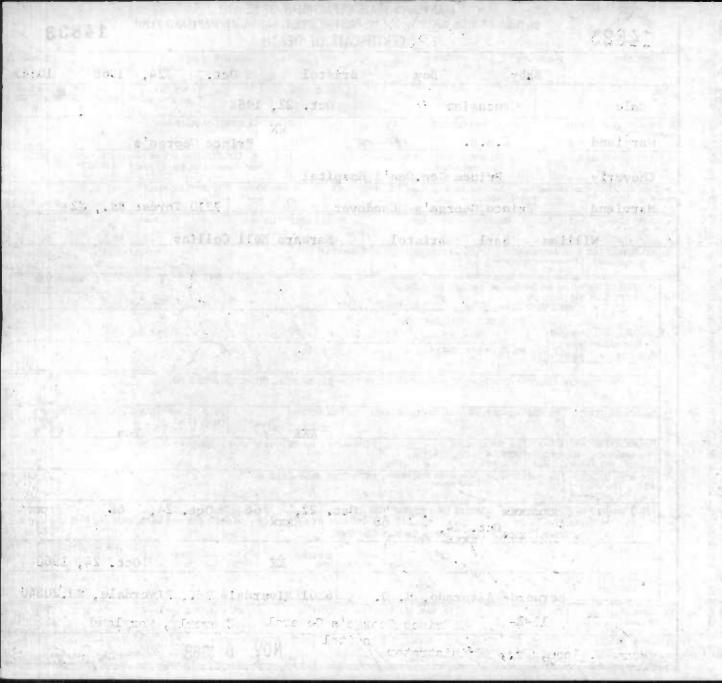
FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

Page 4 may be retoined by the hospital or attending physician.

VR A15 (4) 30M REV. 1X685

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	rst	Middle		Lost		2o. DATE OF	DEATH			2b.	HOUR A
(Type or print)	Baby	Boy	В	ristol		Oct.	Montb 24,	1968	Yeor	10	:45m
3. SEX	4. RACE		S	. DATE OF BIRT	Н		6. AGE (In years	IF UNDER		IF UNDER	
Male	Caucas	ian		Oct.	22, 1	L968	lost birthdoy)	MONTHS.	OAYS 2	HOURS	MIN
o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT			NEVER MARRI		9. COUNTY OF	DEATH				
Maryland Maryland	U.S.A	-	WIDOWED [4	board		George's				Md.
O. CITY OR TOWN OF DEATH Cheverly	give stre	OF HOSPITAL OR INSTITUTE of oddress) Ce Geo.Gen	, , , , ,				(Kind of work don life, even if retired		KIND OF JSTRY	BUSINESS	OR
30. USUAL RESIDENCE (Where de	eosed lived, if institution:	Residence before 13	Bc. CITY OR T	OWN 13c	. INSIDE CITY I	LIMITS? 13e. ST	REET AND NUMBER				
dmission) STATE Maryland	Prince G		andov	V	ES N	0 72	10 Forest	Dd	#2		
4. FATHER'S NAME First	Middle	lost		MOTHER'S MAID	EN NAME		Middle	Nu.	11.2	Lost	
		n-1-4-1								2001	
W111i 16o. WAS DECEASED EVER IN U.S.		Bristol b. SOCIAL SECURITY NO.		ORMANT	ITA NE	211 Col:	Address				
	ive war or dates of service)	o. Social Secontiff No.		Olimetri			Addiess				
18. CAUSE OF DEATH (Enter	anly one souse me line i	(as (a) (b) and (s))					0	. 10		MATE INTER	
DADT I DEATH WAS CAL	ICCD DV	3/-	al at		Il x	u haliarii	al y egicl	1	BETWEEN C	ONSET AND C	HTA3C
IMMI DO	EDIATE CAUSE (o) Tr		11.00	in ha	G 0 0	mychorol	o g squa	arion			
1/00	. /	CONSEQUENCE OF	tron	1 / 00	# 1		1				
Conditions, if ony, which go rise to immediate couse (ntonal	Mar	loute	una	with	Kmarke	ng			
stoting the underlying cou		A CONSEQUENCE OF	m 1	is fer	vv -	fosa.	0				
last.	(c)		,		- 6	/					
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NDT I	RELATED TO	THE TERMINAL D	SEASE OR	CONDITION GIVE	N IN PART 1(o)			11/2	
z 7600											
190. DATE OF OPERATION 1	9b. CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	20a. AUTOPS		CALISES	YES, WERE FINDING OF DEATH?	s consider	ED IN C	ERTIFYING	G
210. ACCIDENT WAS UNDER	YING 21b. TIME OF IN	IJURY	21c. HOW			er noture of inju	ry in Port 1 or Port)		
OR CONTRIBUTING CAUSE OF		Month Doy Yeor									
If either, notify medical extended 21d. INJURY OCCURRED		HOME, FARM, STREET, FACTOR	Y.) 215 10C	ATION Street	or RED No	City	or Town	Count	hv	5	Stote
While Not while at work	TIE. PLACE OF INJURY (AT	FICE DUILDING, ETC.	7 211. 200	ATTOM SHOET	01 K.I.D. 140		or lown	COOM	,		1010
at work of work	/AL:- L : A - 17 A	ded Aber deserved	f 0	. 00	10.0	0 10 0	. 0/	1000	4 h4	(1) (.	V 1 .
220. I certify that (I) saw the deceased	karakapanan) arrend	red the deceosed	68 and	that in (my)		inion dooth	occurred on the	data and	, inai	(1) (M	m the
causes stated ab	ove, (I) xwex (did) (di	d hot) view the bou	dy after de	ath.	Mentally ob	illion deom (occorred on the	dore ond	111001	ond no	Jill IIIe
22b. SIGNATURE	14	asa	1	ATTENDING	-	MED.	CTACE	2c. DATE SIG			
	1110	s Post	DEGREE	PHYS.	XX	DIRECTOR L	PHYS. U O	ct. 2	4,	1968	,
22d. PHYSICIAN'S NAME (Type)	111	//		22e. ADDRE	22						
NAME (Type) B	ernardo Alv	arado M.	D,	6201	River	cdale_Ro	d. River	dale,	Md	208	40
23o. BURIAL, CREMATION, 23	Th DATE	23c. NAME OF CEN	METERY OR CI				ON (City or Town)	(Coun		(Stote)
REMOVAL (Specify)	11-2-68	Prince C			eral	Chev	erly, Mar	yland	1		
24. FUNERAL DIRECTOR	(1) 11-	ADDRESS	Hospi	tal 2	So. REC'D I	BY REGISTRAR	2Sb. REGISTRA			77.7	
Per Per	info Lit . of Adm	inistrator	1		DATE	6 19	68 gole	arles	Jue	446	
THE STATE OF THE S									47.1	43	



CERTIFICATE OF DEATH

	ECEASED-NAME Type ar print) GRAP		Middle	000	Lost	2a. DATE OF DEA		Year	2b. HOUR
3. S	3-1011		PNET		SNIHAU	-/-	oper by	IF UNDER I YEAR	IF UNDER 24 HRS.
3. 3	F	4. RACE	N.		Dec. 2, 19.	2/	AGE (In years ast birthday) YRS.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY? 8.	MARRIED 🔀	NEVER MARRIED [9. COUNTY OF DE	ATH		
	11/ASS.	US	A	IDOWED 🗌	DIVORCED	PRINCE		RGE	Mo
10.	CITY OR TOWN OF DEATH		AE OF HOSPITAL OR INSTITU eet address)	TION (If not i		L OCCUPATION (Kinst of working life,		12b. KIND OF B	BUSINESS OR
(CHEGE TARK	57	103 VASSAK		HO	USEWIFE		He	ME
	USUAL RESIDENCE (Where decea vissian) STATE	135 COUNTY	GEORGE C	. CITY OR TO		13e. STREET 570	AND NUMBER	T	1
14	FATHER'S NAME First	Middle	Inst		OTHER'S MAIDEN NAME FI	- 210	3 VASS Middle	SAR D	last .
	JOSEP	-	PUNIER		ROSE	11	R.		2031
	. WAS DECEASED EVER IN U.S. AR	MED FORCES?	6b. SOCIAL SECURITY NO.	17. INFO		DITITIE	Address	5,	AME
	Yes, na, ar unknawn) (If yes give	war or dates of service)		FR	ANCIS J. I	BROSHIL	DAN - HUS	Shand-	ABOVE.
	18. CAUSE OF DEATH (Enter or		far (a), (b), and $(c)_{\epsilon}$					APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	eneralize	of CI	ercinoma?	0515		37	10.
	1530		A CONSEQUENCE OF		1				
	Canditians, if any, which gave rise to immediate cause (a),	(D)	Lar cin on	100	if apper	allx		2- y.	1,
	stating the underlying cause last.		A CONSEQUENCE OF		, ,,				
	PART 2. OTHER SIGNIFICANT CO	(c)	NG TO DEATH BUT NOT P	FLATED TO TH	TE TERMINAL DISEASE OF (ONDITION GIVEN IN	PAPT 1(a)		
	1530	Nominal Countries	NO 10 DENII DOI NOI K	LONED TO T	IL TERMINAL DISEASE OF CO.	JADITION OFFER IN	17101 1(0)		
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PERFOR	RMED	20a. AUTOPSY?		, WERE FINDINGS CO	ONSIDERED IN CEI	RTIFYING
TIFIC					YES NO	CAUSES OF	DEATH?		
	21a. ACCIDENT WAS UNDERLYI		NJURY Manth Day Year	21c. HOW	INJURY OCCURRED (Enter	nature of injury in	Part 1 ar Part 2, I	Item 18.)	
MEDICAL	(If either, natify medical exam	iner) P.M.	. 19	1971			352	4.745	219
W	21d. INJURY OCCURRED 21e While Nat while at wark at wark	. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, DEFICE BUILDING, ETC.) 21f. LOCA	TION Street or R.F.D. No.	City ar	lawn	County	State
	22a. I certify that (1) (th	nis hospita l) atter	nded the deceased f	ram	-27,19	ta_/10	- if , 19	65, that;	() (we) las
	causes stated abav	e,(1) (we) (did) (e	lid not) view the bad	y after dec	hat in (my) (o ur) apir ith.	nian death occi			ind from the
	22b. SIGNATURE	Barner	mit	DEGREE		ED. ST	TAFF 22c. I	DATE SIGNED	and a
	22d. PHYSICIAN'S NAME (Type)	D. Bau	er m	D.	22e. ADDRESS 2513 Bus	1c/only	eRW.	adelph	· MN.
23a	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEMI	_	11 1	23d. LOCATION (City or Town)	(County) P. E	(State)
0.4	BURIAN 10	17/68	GATE	OF	HEAVEN	DILVE	of Drois	NGS,	md.
24.	FUNERAL DIRECTOR F GASCAS	Ca./s	ADDRESS	11.	DATE OC		2Sb. REGISTRAR'S	SIGNATURE Que	200
	F. ITHSCAS	DON	14/10/10/10/11/	18 /	/// DATE III.	0 130		" I" LBM VAL	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled-in By the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 flauss after death. VR A15 4 30M REV. 58

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

STATE DEPARTMENT OF HEALTH MARYLAND

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14836

1	148	21			CERTIFICA	IE OF DEATH			130	0 0	
ī	. DECEASED-NAM		st	Middle		Lost	2a. DATE C		D V	2b. HOUR	
	(Type or print)	(George E		Brumi	ield	Oct.	Month 20	1968	9.30 M	
3	. SEX		4. RACE			DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
ı	Male		White			Febria.	190#	last birthday)	YRS. MONTHS DAYS	HOURS MIN.	
7	O. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH			
ľ	Penr		USA	A	WIDOWED	DIVORCED	Drine	e George	10	Md.	
ī	O. CITY OR TOW	N OF DEATH	11.1	NAME OF HOSPITAL OR IN	ISTITUTION (If not	in hospitol 120. US during SCh	UAL OCCUPATIO	N (Kind of work do	one 12b. KIND OI	F BUSINESS OR	
	Cheve	rlv	give	rince Geo.	Gen'l Ho	senital SCh	nost of workin	a cher.	Charles	County	
i	30. USUAL RESID	ENCE (Where dece	osed lived, if institu	ution: Residence before	13c. CITY OR TO	OWN 13d. INSIDE CITY	LIMITS? 13e. S	TREET AND NUMBER	nte		
Ľ	Marv1	and	Princ	6/66646616	For bot	TITAL YES	NO DIA	AAAAA/MA	strg/Hom		
F	4. FATHER'S NAM	AE First	Middle	Lost	15. /	NOTHER'S MAIDEN NAME	First //	9//P/ Middle	6///2///	Lost	
L		d Brum				Laura Rug	g			Fall - 6	
Г	Yes, no. or uni	ED EVER IN U.S. A	RMED FORCES? ve war or dates of service)	16b. SOCIAL SECURITY	NO. 17. INF	ORMANT		Addres	Laural	Md.	
L	No			206-07-	6346A	Wm. F. Bru	unfield	1,952 N	ichols I	rive,	
ı	18. CAUSE	DEATH MIAC CALL	CED DV	line for (o), (b), ond (c						ONSET AND DEATH	
ı	PART I. DEATH WAS CAUSED BY: MMMEDIATE CAUSE (0) Bronchogenic carcinoma - right - with metastasis										
ı	DUE TO, OR AS A CONSEQUENCE OF to mediastinal lymph node - hilar										
ı	Conditions, if ony, which gove tise to immediate couse (o), (b) 1ymph nodes - lungs and liver.										
1	stoting the	underlying cous	DUE TO, OR	AS A CONSEQUENCE OF							
ı	last.	2515				-pneumonia.					
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
ł	0 10 × 1	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING									
l	190. DATE O	OPERATION	O. CONDITION FOR W	THICH OPERATION WAS P	EKTOKMED	20o. AUTOPSY?	CALISI	S OF DEATH?	IGS CONSIDERED IN	LEKTIFTING	
ı	210 ACCID	NT WAS UNDERLY	YING 21b. TIME (OE INITIDY	21c HOM	YES XX NO [Y€			
	OR CONTRI	BUTING CAUSE OF C	EATH HOUR A.M	. Month Doy Year		HOOK! OCCORNED (EII	iei norure or in	ory in rost 1 of ros	11 2, Helli 10.j		
I	either, n	otify medical exo	miner) P.M		9 1 21f 10C	TION Street or R.F.D. I	do Cie	y or Town	County	Stote	
I	While	Not while	TE. TEACE OF THOOK	OFFICE BUILDING, ETC.	211. 100	THOM SHEET OF K.F.D. I	10.	y or rown	County	31010	
ı			this based olds	tended the deceas	ed from	-5 - 19	loff to a	at 20	19 60 tha	t (I) formetelast	
ł	saw	the deceased	alive an	Oct. 20.	19.68, and		pinian death	accurred an the	e date and haur	and fram the	
ı	cau	ses stated aba	ve, (I) (xxx) (did) didnot view the	bady after de	ath.					
ı	22b. SIGNAT	Olme	·	Bond	DEGREE	ATTENDING	MED. DIRECTOR	STAFF -	22c. DATE SIGNED	1.0	
ı	00 1 010/64		70 10	20000	DEGREE	PHYS. XXX 22e. ADDRESS	DIRECTOR L	PHYS.	100 - 21 -	- 00	
1	22d. PHYSI NAME		liver Box	nd, M. D.				1 T	W.1 0/	2001	
-						6872 Rive					
1	230. BURIAL, CRE REMOVAL (S	Decify AL	Oct.24	1968 Tri	nity M	em.Garden	s Walc	lorf.Cha	arles.Md	(Stote)	
1	24 FINERAL DIE	FCTOR		ADDRES			BY REGISTRAR		RAR'S SIGNATURE		
	ARPHA	PET Fin	ceal Hon	ne Fre / D	PLATA.	8000	T25 1		carles In	dal	
	1114117	7/14/0	1001/1001	6-170	W17/17/1	I DAIL O					

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 moy be retained by the hospital or ottending physician.

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	±,196514	anobyod, ma	- Julier	9081, 15.300	March St.
The first of	9 1991 3.5	709			

24 haurs after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14837

HRS.

lost the

	上型のたり		CERTIFICATE OF DEATH			100
		Middle ₄ennie	Lost Burnley	20. DATE OF DEATH Oct. Month 28	B Doy1968eor	2b. HG
3. 9	Male	4. RACE Caucasian	S. DATE OF BIRTH Jan. 18. 1	912 6. AGE (In year lost birthdoy 56	YRS. IF UNDER I YEAR DAYS	IF UNDER 24 HOURS
7o.	BIRTHPLACE (Stote or foreign intry) Va	7b. CITIZEN OF WHAT COUNTRY? U.S. A	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince George		
74	CITY OR TOWN OF DEATH Cheverly	11. NAME OF HOSPITAL OR INS give street oddress) Prince Geo.Ge	n'1 Hospital	AL OCCUPATION (Kind of work of working life, even if ref	done 12b, KIND OF F	SUSINESS O
6 odn	nission) STATE Maryland	d lived, if institution: Residence before 13b COUNTY Prince George's E	Riverdale YES NO	□ 5816 Quint	enna Stree	t
	FATHER'S NAME John Bu		Asby		ddle	Lost
160	O. WAS DECEASED EVER IN U.S. ARMI Yes, no, or unknown) (If yes give wo	D FORCES? 16b. SOCIAL SECURITY I 231 07 608		rnley E Rive		
	PART I DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF	Least failere	l		ATE INTERVAL
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF (c)	Istartalar Ca of DT RELATED TO THE TERMINAL DISEASE ORG	Long CONDITION GIVEN IN PART 1(0)	21	m
CERTIFICATION	163 X 190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES \(\sum \) NO \(\overline{X} \)	CALIETE OF DEATHS	DINGS CONSIDERED IN CEI	RTIFYING
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exomine	HOUR A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or I	Port 2, Item 18.)	
W	of work of work	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. No		County	Sto
	22a. I certify that (I) this saw the deceased ali causes stated above,	thospital attended the decease ve an Oct 28 1 (I) (I) (II) (III) (ed fram Dec. , 196 9.68, and that in (my) x(xxx) opi bady after death.	nian death accurred on t	he date ond hour o	(I) (WE) ind from
	22b. SIGNATURE	Weld	DEGREE PHYS.	AED. STAFF PHYS.	22c. DATE SIGNED Oct. 28,	
		Kehoe, M. D.		dale Rd. Rive		
		31, 1968 Burnle	CEMETERY OR CREMATORY BY Family Cemetery		elson Va	(Stote)
(4)	FUNERAL DIRECTOR F. GGa	sch's Sons Hyatts	sville, Md ZSo. REC'D B		STRAR'S SIGNATURE	ye.

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5816 Oulntains Street	Piverdale	Prince George's	Distrasi
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003 005.20, 002.	Dia dia	042. 28. (1939) (1909)	
001, 28, 190		ALC: NAME	
verdala kd. Hivardila; 94.	12 0000	John Kellos, N. O.	
	nione griner (Det 31, 1901 Curnic	1.25
अनुनार के किया है कि किया है है जिल्हा के हैं के लिए के किया के किया है जिल्हा के किया है जिल्हा के किया है जिल्हा के किया है जिल्हा है) and the post of the	na project i med rational bit-	

erol ond 2 executed within 24 hours after dedit TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in badirector, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has **TO HOSPITAL OR ATTENDING PHYSICIAN:** The fow requires that Poge 4 may be retained by the hospitol or ottending physician

VR A15 (1) 30M REV. 1/48

14829

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	T T C				ERTIFICA	ATE OF L	PEATH				1483	38
	CEASED-NAME	First		Middle		Last		2a. DATE OF	DEATH			2b. HOUR
(Ty	pe ar print)	John		L.	Cap	ps			LO Manths/	Day	968 ^{Year}	
3. SEX			4. RACE	24/2	9	. DATE OF BIR			6. AGE (In year	rs	IF UNDER 1 YEAR MONTHS DAYS	IF UNGER 24 HRS
	Male		White				it 12	1913	last birthday)	YRS.	WOMIN2 DW13	NOUK3 MIN
a. Bi	RTHPLACE (State a	r fareign	7b. CITIZEN OF WHAT		8. MARRIED			COUNTY OF		13		
Coom	IN C .		U.S.A	4.	WIDOWED [ce Geor	400		A
10. CI	heverl	У	give stre	E OF HOSPITAL OR INS et address) PINCO G	eorge	18	during most	of Adrigo	(Kind af work life, even if reti	done red.)	12b. KIND OI INDUSTRY	F BUSINESS OR
13a. l admis	JSUAL RESIDENCE (Sign) STATE Mary	Where decease lan d	d lived, if institution 13b COUNTY PRINCE	e: Residence before George	's Co	llege	YES NO [509	REET AND NUMB 28 Padi		Rd.	
14. FA	ATHER'S NAME	First	Middle	Last	Fig		DEN NAME First	t	Mid	dle		Last
		n		Japps		Jeni	nie	900			Hou	80
16a. Ye	was deceased eve s-ne, or unknown)	R IN U.S. ARMI	D FORCES?	66. SOCIAL SECURITY N 578 09 1		formant leano:	ca Cap	ps :	Same a			KIMATE INTERVAL
	Canditians, if any, rise to immediate stating the under last.	which gave) e cause (a), (DUE TO, OR AS	A CONSEQUENCE OF	rete	/	4/	Me &	Eures,			you
	PART 2. OTHER SIG	GNIFICANT CONI	DITIONS CONTRIBUTION	NG TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR COM	NDITION GIVE	N IN PART 1(a)			
CERTIFICATION	19a. DATE OF OPERA	TION 19b. C	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES \[\] NO \[\in \]			20b. IF YES, WERE FINDINGS CONSIDE CAUSES OF DEATH?			CERTIFYING
A	or contributing [CAUSE OF DEATH	er) P.M.	Manth Day Year					ry in Part 1 ar P	art 2, It	tem 18.)	
	21d. INJURY OCCU While Nat whi	RRED 21e. I	PLACE OF INJURY (A			er Con		0			Caunty	State
	00 1 116	1 1 /13 /11 :	s haspital) atten ive on 100 (1) (we) (did) (d	ded the decease lid not) view the	ed from 40 967, and bady ofter de	that in (my eath.	, 19 <u>.0 <</u>) (aur) apini	e, to on death	occurred on t	_, 19_ he dot	, tho te and hour	t (I) (we) lo ond from th
	226. SIGNATURE 22d. JPHYSICIAN'S	ref	ema		DEGRE	ATTENDING PHYS.		D. ECTOR	STAFF PHYS.	22c. D	ATE SIGNED 18/196	68 4PM
	NAME (Type)	TiYl	Bergeman	nn M.D.				elt,	Maryl	and		(TOA)
23a.	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. D		23c. NAME OF			tery	23d. LOCATI	ON (City or Town	nor	(County)	(State) vland
24. I	UNERAL DIRECTOR		ral Home	ADDDECC		535	2Sa. REC'D BY	REGISTRAR	2Sb. REGIS	STRAR'S	SIGNATURE	

OCT 10

VR A15ME (5) 10M REV. 1/68 Items 18&22a Film 406 MARYLAND STATE DEPARTMENT OF HEALTH
11-13-68 am DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EYAMINED'S CERTIFICATE OF DEATH

1483	0	MEDICAL	EXAMINER'S	CERTIFICATE	OF DE	ATH		1483	9
1. DECEASED-NAME (Type or Print)	First		Middle	Lost		2a. DATE KNOWN	Manth Manth	Day Yeor	2b. HOUR
(Type of Filli)	Danie	1	Timothy	Carrol	L	OF ESTI- DEATH MATED	☑ 10-10	0-68 1911	:45am
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In yolast birthdo		IF UNDER 2	ZC. DATE TROMOG			2d. HOUR
Male	Negro	5-25-1968		YRS. 4 15	HOOKS	1Month	-100	6819 12	15pm
70. BIRTHPLACE (Sto		CITIZEN OF WHAT CO	UNTRY? B.	MARRIED NEVER MA	ARRIED 😿	9. COUNTY OF DEATH	C 100	1114	
country)		U, 5.	H.	WIDOWED DIV	ORCED [Prince Geor	rge!s		Me
10. CITY OR TOWN C	F DEATH			JTION (If nat in hospita		UAL OCCUPATION (Kind of	wark dane	12b. KIND OF BUS	INESS OR
Chever	lv	give street	address) ee George (General Hos	during	mast af warking life, eve	n if retired.)	INDUSTRY	
13a. USUAL RESIDEN	ICE (Where deceased	lived if institution	Residence before 13c.	CITY OR TOWN	3d. INSIDE CITY LI		NUMBER		
odmissian) STAT	nd P	rince Geor	ge's Glenr	Arden	YES NO	0□ 8621 Le	eslie A	venue	
14. FATHER'S NAME	First	Middle	Last	15 MOTHER'S MA	IDEN NAME	First	Middle	Last	
Ja	mee		L11/25	Unothe	1 KK	msey			
	VER IN U.S. ARMED FO	RCES? 16b.:	SOCIAL SECURITY NO.	JZ INFORMANT		AD	DRESS		
(Yes, no ar unkno		or or dates of service)		Whathy	10.0	ARROLL S	Am K	95 13 E	-
IR CAUSE O	-	ane cause per line far	(a) (b) and (c))			31010011	37111 72	APPROXIMATE	
	DEATH WAS CAUSED	BY:	ndetermin	ed				BETWEEN ONSET	AND OEATH
796	IMMEDIATI	DUE TO, OR AS A				770000000000000000000000000000000000000		7.00	
Conditions, if	ony, which gove		II					1000	
rise ta imme	diate cause (a).	DUE TO, OR AS A		17170				-	
last.	nderlying cause	DOL TO, OK AS A	CONSEQUENCE OF					05.00	
DART 2 OTHER	SIGNIFICANT CONDITI	(c)	DEATH BUT NOT BELA	TED TO THE TEDMINAL	DISCASE OD CO	ONDITION GIVEN IN PART 1	(-)	1	-
735	SIGNIFICANT CONDITI	IONS CONTRIBUTING TO	DEATH BUT NOT KEEP	TED TO THE TERMINAL	DISEASE OR C	UNDITION GIVEN IN PART I	(a)		
19a. DATE OF	OPERATION		CONDITION FOR WHICH	OPERATION		3319 KU 1	V 10	20. AUTOPSY	1?
251		1000	WAS PERFORMED?					YES 😿	NO 🖂
21a. EXTERNAL		21b. TIME OF INJUR	Y Month, Doy, Yeor	21c. HOW INJURY O	CCURRED (Ent	er noture af injury in Part	1 ar Part 2, Ite	4.00	
PRIMARY CAUSE OF DEA	OR CONTRIBUTING	HOUR A.M.	19						
21d. INJURY O	CURRED 21e. PL	ACE OF INJURY (At hor	ne, form, street,	21f. LOCATION Street	or R.F.D. No.	City or Town	500	County	State
WHILE AT WORK	not want facto	ary, office building, etc.						- 50.4	
		ak charge of the re	maine dosseibad al	bave, held an Auto		Inspection [V]	Inquire C	and in m	y apinian
						Inspection 🔼,	Inquiry	, and in iii	y apinian
aeain i	esulted fram:	Natural causes [Accident		Hamicide		ea manner (
ACTUAL	1/2	10 10	X V-	7	IEF MEDICAL E		22b. DATE S	TICALED.	
SIGNATURE _	110	Vm				CAL EXAMINER		0-11-68	
EXAMINER'S	Tohat Voh	on MO Di	Transla l		PUTY MEDICAL	city, tawn, or caunty)		0-11-00	
23a BURIAE, CREMA	John Keh		verdale, l	TERY OR CREMATORY	ערניסן סוופפו,		Tourn	16	
REMOVAL (Spe	cify) 230. U	14-68	23C. NAME OF CEME	6 11	im.	23d. LOCATION (City or	newhy	(County) (S	tate)
24. FUNERAL DIREC	TOP	1100	ADDRESS	Cewe C		BY REGISTRAR 25b.	REGISTRAR'S S	ICNATURE	
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It.	-2-68 an	s DIVISION	n 407 MAR OF VITAL RECO	YLAND STA RDS, 301 W.	TE DEP PRESTO	ARTMENT O N STREET, BA	F HEALTI LTIMORE,	H MARYI	LAND 2120)1		4.10.	
	148	31	MEDICA	L EXAMIN	ER'S C	ERTIFICATI	E OF DI	EATH				14841)
	ECEASED-NAME Type or Print)	First		Middle		Last			2a. DATE K	CCTI L	Manth		
,	Type of Filling	Meta		Louise		Casey			DEATH A	MATED X	10-2	28-68 19	5:50pm
3. 5.	EX 4	. RACE	S. DATE OF BIRTH		AGE (In years lost birthday)	IF UNDER 1 YEAR		24 HRS. MIN,	2c. DATE PR			V	2d. HO
Fe	emale V	White	5-21-192		A YR		Hooks	, min.	Month		D28	Yeo 8	6:00pr
70.	BIRTHPLACE (Stote	or foreign 78	. CITIZEN OF WHAT	COUNTRY?	8. M	ARRIED NEVER A	MARRIED	9. CO L	INTY OF DEA	TH	27.73	4.00	-4-17
caun	itry) New Yo	rk	USA		WIE	OWED DI	VORCED	Pr	ince G	eorge	els		
10. (Chever			OF HOSPITAL OR of address)		N (If not in haspit			CCUPATION (K f working life LIOUSE			12b. KIND OF INDUSTRY Own hor	
	USUAL RESIDENCE	(Where decease	d lived, if institution	n: Residence befo	are 13c. CIT	OR TOWN	13d. INSIDE CITY		13e. STREET				
0	dmission) STAH	nd	Prince G	eorge 's	Bow	ie	YES 🗌	NO 🗌	2505	Knis	tht I	Hill La	ne
14. F	ATHER'S NAME	First John	Middle R Eimann	Lo		15. MOTHER'S M			Namee	Mid	dle		last
	WAS DECEASED EVER		ORCES? 16	b. SOCIAL SECURIT	Y NO.	17. INFORMANT				ADDRES:	5		
()	es, na, ar unknawn	(If yes give wi	or or dotes of service)	32 16 7	846	Frederi	ck J.	Cas	ey	Bow	ie,	Md.	
	18. CAUSE OF D	EATH (Enter anly	E CAUSE (a)	1	fail	ıre			103			APPROXI BETWEEN O	MATE INTERVAL NSET AND DEATH
	Canditians, if an rise to immedia stating the undiast. PART 2. OTHER SIG	te cause (a). erlying cause		A CONSEQUENCE	OF	TO THE TERMINAL				ART 1(a)			
~	4200												
CERTIFICATION	19a. DATE OF OPI		19	b. CONDITION FOR		ERATION		1.30		37.14		20. AUTO	PSY?
TIFIC				WAS PERFORM	ED?							YES	X NO
MEDICAL CER	21a. EXTERNAL CA PRIMARY OR CAUSE OF DEATH			URY Manth, Day, Y	ear	21c. HOW INJURY	OCCURRED (E	nter natu	ere af injury in	Part 1 ar	Part 2, I	item 18.)	SE.
ME	21d. INJURY OCCU	WHILE fact	ACE OF INJURY (At hary, affice building, o	name, farm, stree etc.}	t,	21f. LOCATION Stre	et ar R.F.D. No	0.	City or	Tawn		County	State
		ertify that I to	ok chorge of the Natural causes	A STATE OF THE STA	_	Suicide,	Homici HIEF MEDICAL	de EXAMIN DICAL EXA	ER AMINER	rmined r	22b. DATE	SIGNED	my opini
	EXAMINER'S NAME (Type)		hoe MD.	Riverda	le, M		EPUTY MEDIC DDRESS(Stree		INER 🔀	·)		10-29-6	8
230	BURIAL, CREMAVO		1, 1968			y or crematory s Cemete	ry		LOCATION (C		n) uffol	(Caunty)	(State) Mass.
24.	FUNERAL DIRECTOR		Sons Hya		e, Md		2Sa. REC		GISTRAR 1 196		SISTRAR'S PCL	SIGNATURE	squ.

VR A15ME (5) 10M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

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ASFI). N/	MAE			

	7.4000			EKIIFI	CAIL OF	DEATH				T 4 O 7	L	
	ECEASED-NAME First		Middle		Lost		2a. DATE OF				2b.	HOUR
(1	(ype or print) Cassi	e	В.		Cash		Oc.	tober	TIY.	1968	12	P. M
3. SE		4. RACE		-	5. DATE OF BI	RTH		6. AGE (In years		IF UNDER 1 YEAR	IF UNDER	
	Female	Negr	0		7/1/19	908		last birthday)	YRS.	ONTHS DAYS	HOURS	MIN.
7a. 1		7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MAR	RIED	9. COUNTY OF	DEATH				
No	rth Carolina	U.S.	Α.	WIDOWED		RCED X	Prince	Georges				Md.
	ITY OR TOWN OF DEATH	11. NA/	ME OF HOSPITAL OR INS	TITUTION (If	not in hospital	12a. USUA	AL OCCUPATION	(Kind of work d	ane	12b. KIND OF	BUSINESS	S OR
G1	enn Dale	give st	Tenn Dale	Hospi	Ital	Dome	ast of warking	life, even if retire	∂d.)	INDUSTRY		
	USUAL RESIDENCE (Where decease	d lived, if institution		13c. CITY O		13d. INSIDE CITY LI	IMITS? 13e. ST	REET AND NUMBER	R			
adm	ission) STATE D.C.	JSb. COUNTY		Wash:	Ington	YES NO	12	07 New J	ers	ey Ave	. N.	W
14. [FATHER'S NAME First	Middle	Last		IS. MOTHER'S MA	AIDEN NAME F		Middl			Last	
	John		Cash			Mi	issie			Smi	th	
	WAS DECEASED EVER IN U.S. ARM	D FORCES? r ar dates al service)	16b. SOCIAL SECURITY I	17.	INFORMANT		(DECT	Addre	SS			
	'es, na, or unknawn) (Il yes give wa	T OT GOTES OF SOLVICE)	237-05	2654	Decede	ent						
	18. CAUSE OF DEATH (Enter only				100		100				mate inter inset and (
	PART I. DEATH WAS CAUSED	BY: CAUSE (a) Ca	rcinoma e	f cer	vix wit	h metas	stases	FL 789		onset	190	67
	180X		A CONSEQUENCE OF									
	Canditians, if any, which gave)	(b)								055		
	rise to immediate cause (a),(stating the underlying cause(. ,	A CONSEQUENCE OF		7			VOICE TO				
	last. $7/\sqrt{\chi}$	(c)						141				
	PART 2. OTHER SIGNIFICANT CON	OITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED	TO THE TERMINA	L DISEASE OR C	CONDITION GIVE	N IN PART 1(a)	07/0			
z	Chronic uring	ry tract	intectio	n.								
CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?		F YES, WERE FINDINGS OF DEATH?	IGS CON	ISIDERED IN C	ERTIFYIN	G
ZIE)					YES _	NO 🔀	CAUSE	3 OF DEATH?				
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		INJURY Manth Day Year		HOW INJURY OC	URRED (Enter	r nature of inju	ry in Part 1 or Pa	rt 2, Ite	m 18.)		
MEDICAL	(If either, natify medical examin		manin Day rear							12.00	285	
W	21d. INJURY OCCURRED 21e. I While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f.	LOCATION Street	ot ar R.F.D. Na.	. City	ar Tawn		County	5	State
	at work at work						MACO					
1	220. I certify that (this	hospital) otte	nded the deceose	ed from_	4/24/	, 19_6	68_, to	10/11/	, 19	68 , that	(本(w	re) lost
	sow the deceosed of couses stoted obove					k) (our) opi	inion deoth	occurred on th	e dote	ona nour	ona iro	om tne
	22b. SIGNATURE	(We) (dia) (Stabbox view inc	body onto					22c. DA	ATE SIGNED		
	VV	w w	m-	DEC	GREE PHYS.	IG D W	MED.	STAFF PHYS.	10/	11/196	8	
	22d. PHYSICIAN'S				22e. ADI			e Hospit	al			
	NAME (Type) MC	e Weiss,	M.D.			Gle	enn Dal	e, Maryl	and			
23a.	BURIAL, CREMATION, 23b. D	ATE , O / O	23c. NAME OF	CEMETERY O	R CREMATORY	0.0		ON (City or Town)		(County)	(State	e)
	BRYKPINK 10	-18-68	7 ta	mo	my Man	rte	den	dover	-	me	•	
24.	FUNERAL DIRECTOR	1	ADDRESS			2Sa. REC'D B	BY BEGISTRAPO	CO 25b. REGIST	RAB'S S	GNATURE	igh.	
16	V.W. Chant	re-	Work-T), (-		DATE	20 10	1		0	(1)	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplated. Jiled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pag shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs

VR A15 (4) 30M REV. 1/68

the name of the same of the sa Torono e curvix little action de la company Marie Marie (Marie 17) Nue Principal

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14842 FOR STATE 1. DECEASED-NAME First Middle 20. DATE KNOWN THE Month (Type or Print) delay is and 3 to Page Donald 10-28-68 192:40amm of o Charles DEATH MATED Catterton 6. AGE (In years 3. SEX 4. RACE S DATE OF BIRTH IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD pup last birthday) M3. 5-28-1940 Male White 28 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TONEVER MARRIED 9. COUNTY OF DEATH Maryland Give Pages 1, WIDOWED | DIVORCED Prince George's IISA 10. CITY OR TOWN OF DEATH 24 haurs after death 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR alang with INDUSTRY Prince George Hospital during most of working life, even if retired.) the Cheverly Construction Carpenter with 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. Item 18. District Heights NO 2410 Rochelle Avenue ond 2 offer 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME O'Dell Sommers Beulah Catterton haurs . = 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT perfeil be executed within GlenView Drive (Yes, no, or unknown) | (If yes give war or dates of service) 1961 - 1965 217-38-5958 Mrs Beulah Wilkerson File Clipton, Maryland .⊆ within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) Laceration of brain event DUE TO, OR AS A CONSEQUENCE OF Trauma - auto accident burial-transit Canditians, if any, which gave rise ta immediate cause (a). This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ forwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 0 SD removal CERTIFICATION nsed 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate. pe 4 shauld be 10 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) tree. 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. 570mm. 10-24- 19 68 crematian, Driver of car which ran off road and struck a CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County WHILE NOT WHILE Totally, office building, etc.) AT WORK AT WORK AT WORK TO A FUNERAL DIRECTOR: Page burial, far 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry , the funeral directar. Natural Lauses death resulted fram: Accident X Suicide . Homicide be retained Undetermined manner CHIFF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-28-68 DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** may Health ADDRESS(Street, city, town, or county) NAME (Type) John Kehoe MD Riverdale. Md. 23c. NAME OF CEMETERY OR CREMATORY 0 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Mt. Harmony Chr. Cemetery Owings Burial Oct.31.1968 Calvert Maryland 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15ME (5)

Owings, Maryland DATE OCT

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2b. HOUR

192:40am M

Last

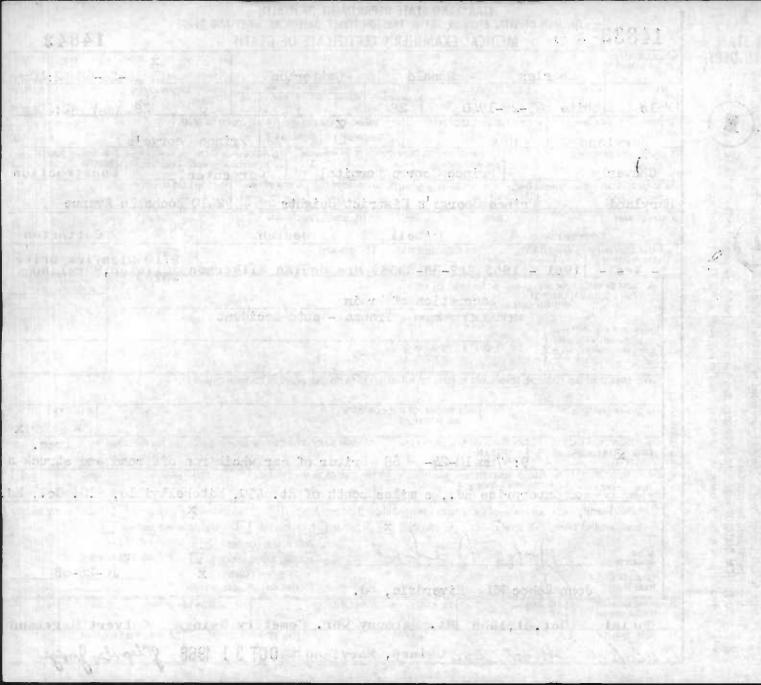
BETWEEN ONSET AND DEATH

20. AUTOPSY?

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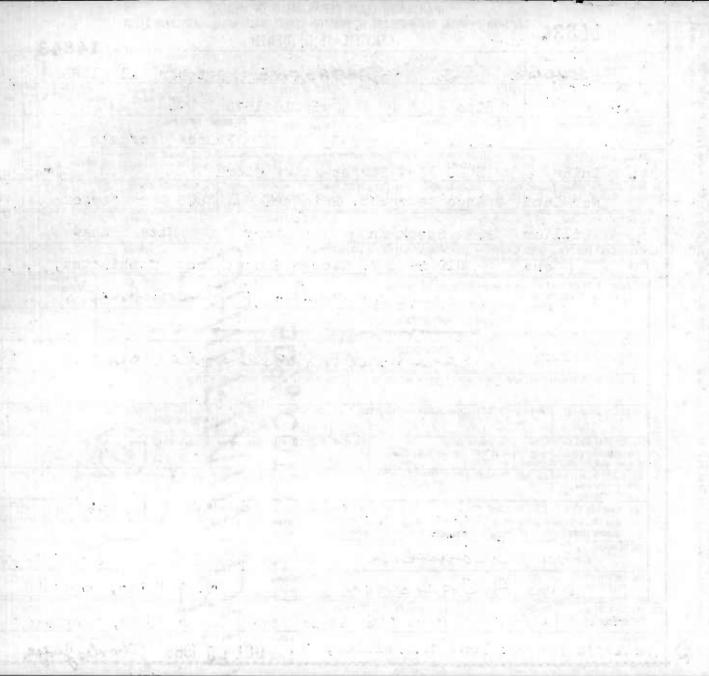
MARYLAND STATE DEPARTMENT OF HEALTH

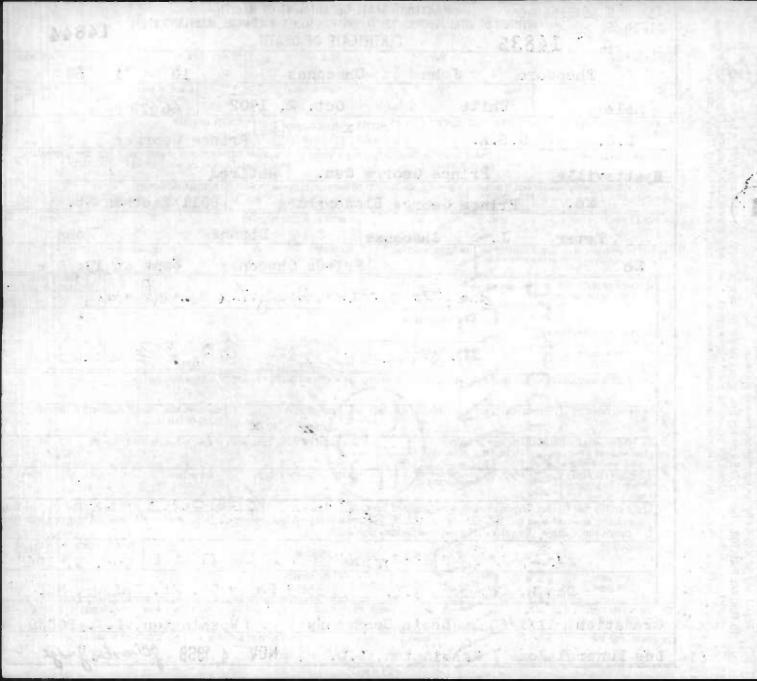
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

T 509 %		CERTIFICA	TE OF DEATH		1/18/	. 2
1. DECEASED-NAME Firs (Type or print)	Middle 5,	Cawt	HORNE	2a. DATE OF DEATH October	11 ^{Doy} 19 ^Y 668	2b. HOUR
3. SEX Female	4. RACE White		DATE OF BIRTH ULY 16 18	6. AGE (In ye	YRS. IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State or foreign country) Ga. 10. CITY OR TOWN OF DEATH Mt. Rainier 13a. USUAL RESIDENCE (Where deced admission) STATE-TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL OR give street address; produced in the country of t	WIDOWED X INSTITUTION (If not in Street re 13c CITY OR TO	haspital 12a. USI during 4 WN 13d. INSIDE CITY		dane 12b. KIND OF INDUSTRY INDUSTRY	BUSINESS OR Prug
14. FATHER'S NAME First Willie	Middle Last am B. Stock	tman 1s. M	other's maiden name Mary	First M	iddle	Last
16a. WAS DECEASED EVER IN U.S. AR Yes, na, ar unknawn) (If yes give	and the state of t			awthorne Wa		D.C.
Canditians, if any, which gave nise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	(b)	Fral		CONDITION GIVEN IN PART 1(a)	والم	
19a. DATE OF OPERATION 19b	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES NO	CALISES OF DEATHS	IDINGS CONSIDERED IN CE	RTIFYING
21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	EATH HOUR A.M. Manth Day Ye		INJURY OCCURRED (Ent	er nature of injury in Part 1 ar	Part 2, Item 18.)	17.19
While Not while	this haspital) attended the deceralive an ve, (1) (mo) (did not) view the		710N Street or R.F.D. N , 197 hat in (my) (aur) ap htt.		Caunty L, 19 68, that the date and haur of	State (I) (we) las
22d. PHYSICIAN'S NAME (Type)	v B. CAME	DEGREE	ATTENDING PHYS. 22e. ADDRESS	MED. STAFF DIRECTOR D STAFF PHYS. D	0ct 11,	1968 and
REMOVAE (Spediy)	0/14/1968 Fort		Cemeter	23d. LOCATION (City or Tow Colmar Man	or, Maryl	(State) and
24. FUNERAL DIRECTOR Nalley's Fun	neral Home Mt.	ss Rainier			Charles In	sye.

in 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after the state of the state Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

VR A15 30M REV.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

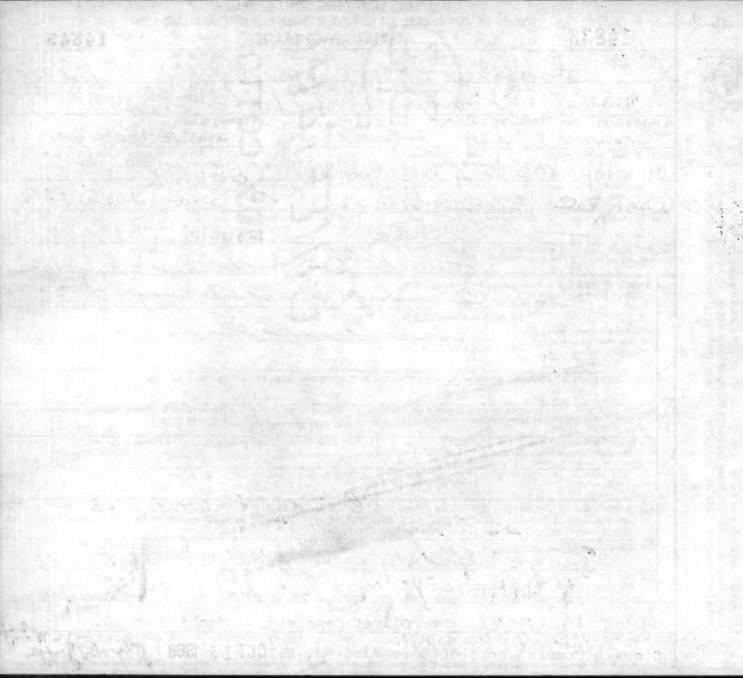
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I		CEASED-NAME First	Single Co.	Middle		Lost	2a. [DATE OF DEATH	D V-		b. HOUR
	(1	(ype ar print)	mas.		(hage.		10 Month	Day Yes	968 /	OPM
1	3. SE	X And O	4. RACE		S.	DATE OF BIRTH	1.1.1	6. AGE (In years last birthday)		YEAR IF UN	DER 24 NRS. RS MIN.
		Male	he	gro		9/10/1	889	79.	YRS.	OATS HOU	nin.
	7o. E	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHA			NEVER MARRIED	-	NTY OF DEATH			
	COUR	Maryland	USF		WIDOWED P		13	a selle	beor	605	Md.
2	10. C	ITY OR TOWN OF DEATH	give str	ME OF HOSPITAL OR INST	1	during	most of w	PATION (Kind af work d orking life, even if retir		ND OF BUSIN Try	ESS OR
1	130	USUAL RESIDENCE (Where deceos		n. Residence/before	The second second second second			13e. STREET AND NUMBE	R		
	admi	ission) STATE	13b. COUNTY	1:10		Vere 🗔	4		heele	2 Fd	.SE
	14. F	FATHER'S NAME First	Middle	Last	1s. N	OTHER'S MAIDEN NAME	E First	Midd	le	la	st
	X			Chas		4	Mac	19ie	March 1	5	
I		WAS DECEASED EVER IN U.S. ARA es, no, ar unknown) (If yes give y	MED FORCES?	6b. SOCIAL SECURITY NO		Λ.		Addre	ss C)	
		es, no, or blikhown)	3	578-10-0-	48- 5	ion tho	mas	3 Chose	h. &	OM	R
1		18. CAUSE OF DEATH (Enter on		far (a), (b), and (c).)		1	1.16			PPROXIMATE IN WEEN ONSET AN	
		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	arona	ny	Inser.	ffe	eene			
		4119		A CONSEQUENCE OF	0	V 5 4 7 1					
П		Conditions, if any, which gave		(cos	and	a Ca	al	a jes e			
4		rise to immediate cause (o), stating the underlying cause		A CONSEQUENCE OF						61 15 3	
		last.	(c)							5.00	
		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTION	NG TO DEATH BUT NOT	RELATED TO TI	IE TERMINAL DISEASE O	OR CONDITIO	N GIVEN IN PART I(o)			
-1	z	4201							*		
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICE	H OPERATION WAS PERI	ORMED	20a. AUTOPSY?	07/	20b. IF YES, WERE FINDI	NGS CONSIDERED	IN CERTIFY	ING
	TIFIC					YES NO		CAUSES OF DEATH?			
П		210. ACCIDENT WAS UNDERLYIN			21c. HOW	INJURY OCCURRED (Er	nter nature	of injury in Part 1 ar Po	rt 2, Item 18.)		
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		Manth Day Year							
П	墨	21d. INJURY OCCURRED 21e.	PLACE OF INJURY /A		ORY,) 21f. LOCA	TION Street ar R.F.D.	Na.	City ar Tawn	County		State
		While Nat while at wark			0	- M					
		22a. I certify that (1) (the saw the deceased g	is hospitol) atter	nded the deceased	fram.	19	64.	ta Oct 11	, 19.68,	that (I)	(we) last
		saw the deceased a	live on Co	19	68, and	not in (my) (our) o	opinion d	eoth occurred on th	e date and h	our and	from the
1		causes stated above	3, (I) (AME) (G	ald natiview the b	oay after dec	iin.			20. DATE CICAL		
		22b. SIGNATURE	W. 6 10	The All	DEGREE	ATTENDING TO	MED. DIRECTOR	STAFF DHYS.	22c. DATE SIGNI	6	0
		22d. PHYSICIAN'S	y gran	france	DEOREE	PHYS. 22e. ADDRESS	DIKECTOR	A A	1	(-	<u> </u>
		NAME (Type)	41 17 HA	DLEVK	MA	4601	hee	less. aux	de		
	230	BURIAL, CREMATION 23b.	7.1	23c. NAME OF C	METERY OF CE		23d	LOCATION (City or Town)	(County)	(5)	ate)
		DEMONAL IC I. V	0/15/68		4	Cemetery	100	Vashingto			/
	-	FUNERAL DIRECTOR		var SDDJES			D BY REGIS		RAR'S SIGNATUR		
		Stewart Fune	ral Home	-4001 Be	nning				Charle	Jud	pe.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond campletely filled in by the director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours VR A15 (4) 30M REV. 1/68

TENDING PHYSICIAN: The low requires that the death certificate be executed will

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retained by the hospitol or attending physician.



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	0.00 mm 0.00 mm	* T*		N.D. Hiverdal	, soden dife.	

rtificate be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea

TO FUNERAL DIRECTOR: After this certificate has been signed by the at Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14	838		CERT	IFICA	TE OF DEATH		, , , , , , , , , , , , , , , , , , , ,		14847
1. DECEASED-NA (Type or prin			Middle		Last	2a. D	ATE OF DEATH	Day 7 E v	2b. HOUR
(Type of prin	"' Fra	nk	T.		Cinotti		Manth IO	Day 15 Year	or68 11; 1
3. SEX		4. RACE		S.	DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 Y	YEAR IF UNDER 24 HRS.
	ale	Wh:	ite	1	Nov. 23.18	399	68 YI	RS. Months	WATS HOOKS MIN.
o. BIRTHPLACE country)	(State ar fareign	7b. CITIZEN OF WHAT CO	OUNTRY? 8. MAI	RRIED 🔀	NEVER MARRIED	9. COU	NTY OF DEATH		
Wast	D.C.	U.S.A.		OWED 🛅	DIVORCED 🔲	Pr	ince Geor	ge Co.	
IO. CITY OR TO	WN OF DEATH	11. NAME O	F HOSPITAL OR INSTITUTIO	ON (If nat i	n haspital 12a. USU/	AL OCCUI	PATION (Kind of work done orking life, even if retired actor as STREET AND NUMBER	ne 12b. KIN	ND OF BUSINESS OR
West H	lyattsvi	LIE 641.	/ Sligo P	arky	vay Con	itra	ctor	Stone	& Brick
13a, USUAL RES admission) ST.	IDENCE (Where decea	sed lived, if institution: R	Residence befare 13c. C	ITY OR TO			TOO. DIMET THE HOME		
		Isb. comPr.	George W	• Hy	ratts YES IX NO	ULJ	6417 Slige	o Parl	cway
14. FATHER'S NA		Middle	Last	1S. N	OTHER'S MAIDEN NAME F	First	Middle		Last
	John		notti			iise	T.	Zaca	arin
	ASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFO			Address		
Yes, no, ar y				Cec	ilia M.Ci	not	ti-wife S		
		nly one cause per line for	(a), (b), and (c).)						PPRÖXIMATE INTÉRVAL WEEN ONSET AND DEATH
PAKI	I. DEATH WAS CAUSE	ATE CAUSE (a) Car	cinoma of	the	Liver				23 day
19	78	DUE TO, OR AS A (100	
	s, if any, which gave mediate cause (a),								
	ne underlying cause		CONSEQUENCE OF						
last.		(c)						-	
1156	OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	ITED TO T	HE TERMINAL DISEASE ORC	ONDITIO	N GIVEN IN PART 1(a)		
19a. DATE	OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFORME	D	20a. AUTOPSY?		20b. IF YES, WERE FINDING	S CONSIDERED	IN CERTIFYING
THE					YES NO		CAUSES OF DEATH?		
	DENT WAS UNDERLYI			21c. HOW	INJURY OCCURRED (Enter	r nature	of injury in Part 1 ar Part	2, Item 18.)	
	natify medical exam		inth Day Year						
	RY OCCURRED 21e	. PLACE OF INJURY (AT HO		21f. LOCA	TION Street ar R.F.D. Na.		City ar Tawn	Caunty	State
at wark	at wark								
22a. l c	ertify that (I) (th	ne hespital) ottende	d the deceased from	m]	/9 , 19	40, 1	ta_Oct15, eath accurred on the	19 68,1	that (1) (We) last
Sav	v the deceased c uses stated abov	e, (I) (see) (did) (dist	root view the body of	Qand t after dec	hat in (my) (<i>dui</i>)-api ath.	nion d	eath accurred on the	date and h	our and from the
22b. SIGNA	and the same of th	211	001		ATTENDING M	AED.	CTAFF 2	2c. DATE SIGNE	D
	Ornem	ens / Co	llino	DEGREE		MED. DIRECTOR		10/1	
22d. PHYS NAM	SICIAN'S E (Type)Thoma	s F Colli	ns, M.D.		2500 Quee	ens	Chapel Ro	ad, H	yatts-
23a. BURIAL, CI		DATE	23c. NAME OF CEMETER	RY OR CR	EMATORY	23d. I	LOCATION (City ar Tawn)	(Caunty)	
REMOVAL	(Specify)	ct.18,1968	Fort Lin	col	n Cem.	C	olmar Mand	or. Ma	ryland
24 FLINERAL D	RECTOR	,	ADDRESS		2So REC'D B	Y REGIST	TRAR 25b REGISTRA	R'S SIGNATURE	

VR A15 (4) 30M REV. 1/68

u runexat Director: After this certificate has been signed by the afterding plysician and completely filled in by director, page 3 should be detached far use as the burial-transit perhat. Then please remave carban papers. Pagnalid be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs

Home-300 4th St. NE Wash., D.C. DATE OCT 18 1968

Icharles Judge

response to the Time of the Leading of the bands. All the microsoft - Later - La while the state of the part of

14839 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2g. DATE OF DEATH First Lost 2b. HOUR (Type ar print) Haro 4 RACE 3 SEX 6. AGE (In years IF UNDER 1 YEAR last birthdoy) HOURS ma 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country DIVORCED iNN. WIDOWED [10. CITY OR TOWN OF DEATH . NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 126. KIND OF BUSINESS OR Juduring most of working life, even of refired)

922 Het Marketing (
134. INSIDE CITAGET LEVILLE WE SIMPLED) Huattsvil 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission STATE 186. COUNTY YES NO 2603 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Ruth S. William Clay Johnson 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no ar unknawn) -56-5341 same as above E. Clay Bessie APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ; rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Tawn County OFFICE BUILDING FTC While Nat while ot work causes stated above, (I) (we (did) did not) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED PHYS DIRECTOR 22d. PHYSICIÁN'S 22e. ADDRESS Perry St .- Mt . Rainier, Md . NAME (Type) UON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) Ft. Lincoln Cemetery Prince Georges Co. 24. FUNERAL DIRECTOR The SIH Hines CO ADDRESS 2So. REC'D BY REGISTRAR Washington, D. 4 1968

executed within 24 haurs please remave carban papers. and campletely filled in

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physician law requires that the death certificate attending phys permit. Then p permit. burial-transit signed by physician. be retained by the hospital ar attending as the has been OR ATTENDING PHYSICIAN: The O FUNERAL DIRECTOR: After this certificate for be detached shauld

director, page 3 should be filed v

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificates

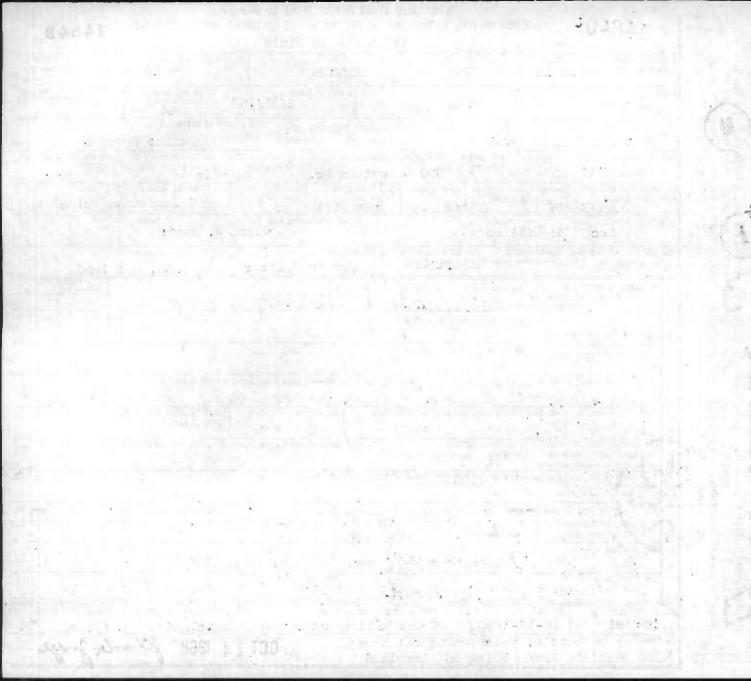
Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISI

ON OF V	, BALTIMORE, MARYLAND 21201 ATH	14849		
	Middle	Last	2a. DATE OF DEATH	2

	ED-NAME ·	First MAGGIE		Middle V		Lost CLUTTER		2a. DA	TE OF DEATH Manth 10 Day	9 Year 68	2b. HOUR
3. SEX	emale		4. RACE	hite		S. DATE OF E	2/26/	1884	6. AGE (In years	IF UNDER 1 YEAR 1	IF UNDER 24 HRS.
7a. BIRTH	PLACE (State or	fareign 7b.	CITIZEN OF WHAT		8. MARRIE WIDOWE	D NEVER MA			84 "YRS. TY OF DEATH Prince Geo	orges	Md
10. CITY (or town of de ixon · Hil	ATH	11. NA give st	ME OF HOSPITAL OR INS		f not in hospital ead Dr.			ATION (Kind of work done rking life, even if retired.)	12b. KIND OF BUINDUSTRY	USINESS OR
13a. USU/ admissian	AL RESIDENCE (V) STATE _{Mar}	Where deceased of yland	lived, if institution 13b. COUNTY Pr	an: Residence before	13c. CITY	n Hill	13d. INSIDE CITY LIFE YES NO	MITS?]3	3e. STREET AND NUMBER 5800 Hempste	ad Drive	
14. FATHE	R'S NAME Doc	First	Middle illion	Last		15. MOTHER'S N	NAIDEN NAME FI		J. Davis		Last
	o DECEASED EVER a, ar unknawn)	(If yes give war or	1	16b. SOCIAL SECURITY N 236242480	10. 17	. INFORMANT Jessie	Woofte	r	Address LaPlata, Mar	ryland	
AL CERTIFICATION ALCERTIFICATION ALCER	ditions, if any, to immediate ing the underly the unde	which gave cause (a), ying cause (b), which gave (b), which gave (cause (cause (cause (cause (cause of peath cause of peath ca	DUE TO, OR A: (b) DUE TO, OR A: (c) IONS CONTRIBUT DITTON FOR WHI 21b. TIME OF HOUR A.M. P.M.	S A CONSEQUENCE OF S A CONSEQUENCE OF TING TO DEATH BUT NO STATE OF THE STATE OF	RFORMED and 21c.	20a. AUT YES HOW INJURY OG	OPRY? NO COURRED (Enter	2 C	GIVEN IN PART I(a) My John J. Ob., IF YES, WERE FINDINGS (CAUSES OF DEATH? If injury in Part 1 ar Part 2, I		val TIFYING
22b	sow the d couses sto . SIGNATURE	hot (I) (this	tospital) ofte	at home, FARM, STREET, FAC OFFICE BUILDING, ETC. Inded the deceose I did not) view the bean Market	ed from	not that in (nor death. GREE ATTEND PHYS. 22p. AD	, 19 ny) (opi	10	oth occurred on the do STAFF 22c. I	Caunty A that (te and hour are DATE SIGNED	State (I) (so) loss and from the
23a. BUI	RIAL, CREMATION NOVAL (Specify)		12-1968		r Hil	1 Cemet	ery		OCATION (City or Town)	(County) Maryland	(State)
	RAL DIRECTOR? 8 Suit1	obert E and Roa		Im Function	l Hom		DATE OC	REGISTR	RAR 1968 ^{5b.} REALERS	SIGNATURE	ye.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 hours. VR A15 (1) 30M REV. 10 8



completely filled in by the funeral ove-carbon papers Pages 1 and 2 wever, within 72 hours prier death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached far use as the burial-transit permit. Then please remove as should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any even

VR A15 (4) 30M REV. 1/68

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	-	_		
7	1,	0	Sec.	0
J.	7	O	0	0

										La	
DECEASED-NAME (Type or print)	First Mason	Middle H _{ewar}	d	Cobb		Oct.		Do 1968	'eor		50 ^A
3. SEX	4. RACE		19	. DATE OF BI	RTH		6. AGE (In years	IF UNDER		IF UNDER	
Male	Caucas	ian		Feb	. 3, 1	920	last birthdoy)	MONTHS .	DAYS	HOURS	MIN.
7o. BIRTHPLACE (State or foreig country) Md		S A-	8. MARRIED WIDOWED			9. COUNTY O	Goerge's				Mo
O. CITY OR TOWN OF DEATH Cheverly	give s Pri	AME OF HOSPITAL OR INStreet address) nce Geo.Ge	n'1 Ho	enital.	12a. USU/	AL OCCUPATIO	N (Kind of work dor g life, even if retired	ie 12b.		BUSINESS ed	OR
3a. USUAL RESIDENCE (Where odmission) STATE	deceosed lived, if institut 13b. COUNTY	ion: Residence before	13c. CITY OR 1	OŴN	YES NO		STREET AND NUMBER		*	10	, ,
Maryland	Prince		Landov			C	urch Road	P.0	* RO3	12	41
14. FATHER'S NAME First Josia	Middle s Mason Cob	b Lost	15.		uise S	eauber	Middle lich			Lost	
16a. WAS DECEASED EVER IN U Yes, no, or unknown) (If y	S. ARMED FORCES?	16b. SOCIAL SECURITY N		ORMANT			Address				
yes yes	W W 11	579 12 33	58	thel	A Cobb	Bla	densburg,	Md.			
DADT I DEATH WAS	nter only one couse per li CAUSED BY: MMEDIATE CAUSE (a) N		- 11		Cabo	14	Jah C.AA			NATE INTERV NSET AND O	
5910	0 (0)	epatic fai		THE TERMINA	L DISEASE OR (CONDITION GIV	/EN IN PART 1(o)				
190. DATE OF OPERATION 210. ACCIDENT WAS UND	19b. CONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20o. AUTO		CALIS	IF YES, WERE FINDING		D IN CE	RTIFYING	
or contributing Cause (If either, notify medical	of DEATH HOUR A.M. P.M.	Month Day Year 19					jury in Part 1 ar Part	2, Item 18.)			
While Not while at work	the second			- 1			ty or Town	Count		10	tote
22a. I certify that (saw the deceo- couses stated of	I) (this bounital) attended alive on Oct abave, (I) (did)	ended the deceose 30 1 (distrot) view the b	d from_C 68, and ody after d	that in (m	y) kous t ap	inian death	Oct. 30,, accurred an the	date and	, that haur	(I) (347) and fro	m th
22b. SIGNATURE	C W	about	DEGRE	Tillio.		MED.	STAFF 2	2c. DATE SIG		, 19	68
22d. PHYSICIAN'S NAME (Type)	hannes Saha						l., Chever	1y, M	d. 2	2078	5
230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Nov 2, 196	23c. NAME OF C	emetery or o			Colma	TION (City or Town) r Manor P		0	(State	
24. FUNERAL DIRECTOR F.	Gasch's So		sville	, Md.	DATE NO	RY REGISTRAR	1968 REGISTRA	R'S SIGNATI	Que,	del	

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		nd served	P Make I
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1 828 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

FOR STATE HEALTH DEPT.

iny delay is 2, and PM2.

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after deoth necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages L. the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

	MARYLAND STATE DEPARTMENT OF HEALTH
14842	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120
# # O MA PE	AACDICAL EVANABLED'S CEDTICICATE OF DEATH

	THORI		MED	CAL EXAM	AINER'S	CERTIF	ICATE	OF DE	ATH			148.	51
	CEASED-NAME	Fire	st	Mid	dle		Lost			2a. DATE KNOWN	Month	Doy Yeo	zb. HOUR
(1)	ype or Print)	Ella	a.	Mary	7		oksor			OF ESTI- DEATH MATED		22-68 19	9:35am
3. SEX	(4. RACE	S. DATE OF	BIRTH	6. AGE (In ye	1013	DER 1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	2c. DATE PRONOUNCED			2d. HOUR
F	emale	White	8-13-	1887	437	YRS.	DAIS	HOOKS	inn.	Manth	Doy22	6819	10:15am
	IRTHPLACE (Stat		76. CITIZEN OF V		8.	MARRIED X	NEVER MA	RRIED	9. COU	INTY OF DEATH	1000		
count		200	US	A		WIDOWED _	DIVO	RCED 🗍	Pri	nce George	15		Me
	TY OR TOWN O Chever	lv	giv	NAME OF HOSPITA e street address) rince Ge	eorge	Hospit	al	during	mast a	CUPATION (Kind af wa f working life, even if r Llousewife	retired.)	12b. KIND OF INDUSTRY home	
			osed lived, if inst	itutian: Residence	e before 13c.	CITY OR TOW	N 13	Id. INSIDE CITY	LIMITS?	13e. STREET AND NUMI			
99	mission) and	i	Frince	George	s G	reenhe	lt	YES K	NO 🔲	39 G Ridg	e Roa	ad	
14. FA	THER'S NAME	First	Mide		Lost	15. MO	THER'S MAI	DEN NAME	First	Mid	ldle		Lost
		Time	othy O'	Herron			Ar	nna Ma	ary	Holleran			
160. V	AS DECEASED E	VER IN U.S. ARMED	FORCES?	16b. SOCIAL SEC	CURITY NO.	17. INFOR	MANT			ADDRES	S		
(Ye	s, na, ar unknav	พก) (If yes giv	ve war or dates of service			Char	les	Joseph	h Co	okson Gre	enbe.	lt, Md.	
		F DEATH (Enter a	inlγ ane cause pe	line far (o), (b),	and (c).)								IMATE INTERVAL ONSET AND DEATH
	PART I. I	DEATH WAS CAUS	ED BY:	Heart fa	ailure							minut	tes
	412	9	DUE TO.	OR AS A CONSEQU	ENCE OF Ar	terios	cler	otic	hear	t disease		unkno	own
		any, which gove	1										
		diate cause (a),		OR AS A CONSEQU	IENCE OF								
	last.	nderlying cause	(0)	on no n conscuo	tivet or								
	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIB	JTING TO DEATH I	BUT NOT RELA	TED TO THE T	ERMINAL D	ISEASE OR	CONDITIO	ON GIVEN IN PART 1(o)			
	4200												
NO.	190. DATE OF	OPERATION		19b. CONDITIO	N FOR WHICH	OPERATION	-					20. AUT	OPSY?
S	Tro. DATE OF	or Electron		WAS PERI								YES	
ER	21o. EXTERNAL	CALICE MIAC	1015 TIME	OF INJURY Month,	Day Vaar	214 HOW	INTUDY OF	CHORED (C.		on of interestin Dont 1 m	- Dord 2 L		110 14.
MEDICAL CERTIFICATION		OR CONTRIBUTING			19	ZIC. HOW	INJUKT O	CURRED (EI	nier noru	re of injury in Port 1 a	r ron 2, i	rem 10.)	
Q ·	21d. INJURY OC		PLACE OF INJURY	(At hame, farm,		21f. LOCAT	ION Street	or R.F.D. No),	City or Town		County	Stote
-	WHILE AT WORK		octory, affice buil					-					31170
	22a. I	certify that I	toak charge o	the remains d	lescribed al	oave, held	an Auto	ipsy 🗍,	Ins	spectian 💂, Inc	quiry [, and in	n my opinion
				uses X / A				Homicio		Undetermined			
	-	/		1		1		EF MEDICAL					
	ACTUAL SIGNATURE _		19hr	/X	1-1			ISTANT MED			22b. DATE		
3	EXAMINER'S NAME (Type)	John W	ehoe MD	/ River	dale,	Md.		PUTY MEDIC		INER 🔀 Iwn, ar caunty)		0-22-61	8
230.	BURIAL, CREMA	ATION, 1/23E	b. DATE		IAME OF CEME		MATORY		23d.	LOCATION (City or Tov	vn)	(County)	(Stote)
	REMOVAL (Spe	al	Oct 25,	1968 G	ate of	lleave	n cei		у	Wheaton Mo	ntgo	mery	Md.
24.	FUNERAL DIREC	TOR F.	Gasch's	Sons I	Hyatts	ville,	Md.	2Sa. REC				SIGNATURE	

VR A15ME (5) 10M REV. 1/68

TO DEPUTY

The Property of the Court of th 12021 to be served a paragraph of the little of th the paper and it the second standard of a second exist. of the state of th The second of th STATE OF THE STATE manifer a contract visite a tracker of the granders with CONTROL DE LA CONTROL DE L 15 CARBON - CONTROL OF THE PROPERTY OF THE PRO

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	TO 100 CO.			epiziii i	CALL OF D	P. C. I. I.				
	ASED-NAME F e or print) PEAR	irst L -> E	Middle	СО	Lost UTURE		20. DATE OF OCTOR	DEATH BER anth 21 Day	1968 ^{ear}	2b. HOUP 5:15
3. SEX	EMALE	4. RACE AUC	ASIAN		S. DATE OF BIRTH		6	6. AGE (In years last birthday) YRS.	MONTHS DAYS	HOURS MIN.
NE 10. CITY	THPLACE (Stote or foreign () WYORK OR TOWN OF DEATH DREWS AFB		NE OF HOSPITAL OR	WIDOWED	not in hospitol	12o. USUA	AL OCCUPATION	GEORGE (Kind of work done ife, even if retired.)	12b. KIND OF INDUSTRY	Mo BUSINESS OR
13o. US	W YORK	/		re 13c. CITY O		. INSIDE CITY LI	IMITS? 13e. STF	EET AND NUMBER 1 BOX 13	38	
T	HEODORE	Middle KILM			S. MOTHER'S MAID	EN NAME F	SE	VAN DUE	ESEN	Last
Yes.	AS DECEASED EVER IN U.S. (If yes to the property of the prope	num nume or datas of capical	16b. SOCIAL SECURI 0 — 8 7 — 0]				COUTE	RD, Add AUG		
18	B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA		far (a), (b), and		IN FARC	+	quite			MATE INTERVAL INSET AND DEATH
ris	157, 9 anditians, if any, which go se ta immediate cause (tating the underlying cau	DUE TO, OR AS	A CONSEQUENCE A CONSEQUENCE	of OF	of gentre	0	utents evoces		Anin'	utes
P NO	PART 2. OTHER SIGNIFICANT On Date of Operation			NOT RELATED	20a. AUTOPS	ISEASE OR C	20b. IF			RTIFYING
MEDICAL STORY	20. I certify that (I)	DEATH HOUR A.M. aminer) P.M. 21e. PLACE OF INJURY	Month Day Ye AT HOME, FARM, STREET, OFFICE BUILDING, ETC. Anded the decen	por 19 FACTORY,) 21f.	OCATION Street of	or R.F.D. No.	. City	y in Port 1 or Port 2, or Town 1 607 , 19 ccurred on the do	County	State (I) (we) los
	2b. SIGNATURE 2d. PHYSICIAN'S NAME (Type)	njelmi	mn		ATTENDING PHYS.		AED. DIRECTOR	STAFF PHYS. A 23	DATE SIGNED	8
R PA EII	EMOVAL (Specify) Burial	3b. DATE 10-24-68	Arl	of CEMETERY o	Natl.	Sa. REC'D B	23d. LOCATIO	N (City or Town)	(County) VE	(State)
V	Wilhelm Fune	ral Home 43	308 Suit	Land Ro		VONTA			May Jus	lge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. The plant 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs offer death. VR A15 (4) 30M REV. 1/68

betweented within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat Page 4 may be retained by the haspital or attending physician.

A TOP IS RESERVED BENEFIT OF THE SECOND BENE ASURAWS APE MANDON GROW USAFRON HOSENIEE White the state of Sharper of the same of the sam ADV SEE TOWN

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH

ORE,	MARYLAND	21201	1	4	8	5	3

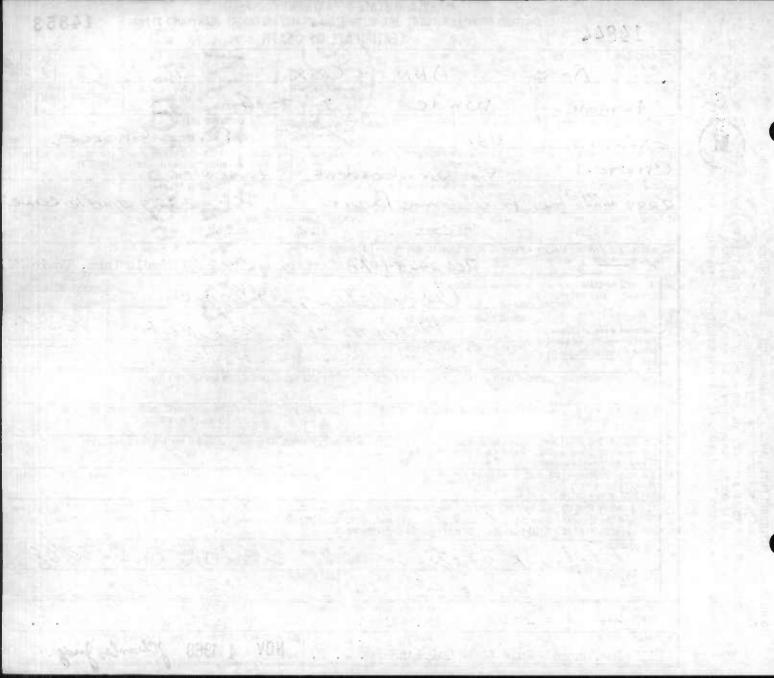
	CEASED-NAME	First	Middle	Lost	20	. DATE OF DEATH		2b HOUR
(1	Ype or print)	sse	ANN	Co	<.	Month D	Day Yeor	3:30M
3. SE	X	4. RACE		S. DATE OF BI		6. AGE (In years	MONTHS OAYS	
	Female	- W	hitc	3-	17-86	lost birthday)		s nous min
	SIRTHPLACE (Stote or foreig		OUNTRY? 8. MARRIE	D NEVER MAR	RIED 9. CC	OUNTY OF DEATH		
cour	FRELAND	454			CED 🗀	PRINCE 6	CORGO	CS Md.
10. 0	ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INSTITUTION (I	not in hospital	12a. USUAL OC	CUPATION (Kind of work done	e 12b. KIND (OF BUSINESS OR
(Dinton	give street	address)	edens.	during most of	working life, even if retired. SEWIFE) INDUSTRY	
30.	USUAL RESIDENCE (Where	deceased lived, if institution:	Residence before 13c. CITY (OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
2	asion) STATE MILE	love PRINCE	George Bo	wie	YES NO	2229	Und le	2 Lane
14. [ATHER'S NAME First	Middle	Lost		IDEN NAME First	Middle	8/16/F	Last
	John	Cu	lligan	Ann	e Si	nith		
16a.	WAS DECEASED EVER IN U.	an also was as datas of souther)		. INFORMANT	POLICIES.	Address		
1	es, no, or unknawn) (If y	35 give war or object of service)	66-24-5437	B Cath	erine Ki:	ck 2229 Hindle		
		iter anly one cause per line fo	r (g), (0), and (c).)		00	1		OXIMATE INTERVAL N ONSET AND DEATH
H	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	(ercul	Un	V COLL	lestise-		
	4270	DUE TO, OR AS A	CONSEQUENCE OF 1	1	A :	/	1	Ja. L
	Conditions, if any, which	gove) (L)	Chelio	Varcus	les Me	a self	1	primit
	rise to immediate cause stating the underlying o	DUE TO OR ACA	CONSEQUENCE OF	C		0.		
	last.	(c)	Comela	leras/	A-fer s-	Maldril	1	
	PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINA	DISEASE OR CONDI	TION GIVEN IN PART 1(a)		
×	4341							
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH (OPERATION WAS PERFORMED	20a. AUTO	PSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
TIFI				YES 🗌	NO 🗌	CAUSES OF DEATH?		
	210. ACCIDENT WAS UND			HOW INJURY OCC	URRED (Enter nati	are of injury in Part 1 or Part	2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE		anth Day Year					
ME	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT I	OME, FARM, STREET, FACTORY,) 21f.	LOCATION Street	t or R.F.D. Na.	City or Town	County	Stote
	While Nat while at work							
	22a. I certify that (l) (this haspital) attend	ed the deceosed fram	7/1	19606	, to 10- W,	9-5, the	at (I) (we) last
	saw the deceas	sed alive onabave (1) (we) (did) (did	I not view the body ofto	nd that in (m	y) (our) opinior	death occurred on the	date and hav	ir ond from the
	22b. SIGNATURE	ibuve_ttp (we) (uiu) (uit	That yiew the bady ane	i dedill.		22	CC. DATE SIGNED	-/-
	ZZB. SIGNATORE	OR A	aben ma DE	GREE PHYS.	IG MED.	STAFF	10/2	7/68
	22d. PHYSICIAN'S			_ 22e, ADD	2230	1	0/0	
	NAME (Type)	9LFRED 1	e ifilin, si	10	(2)	ATTOOL, M		
23o	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETERY (OR CREMATORY	23	d. LOCATION (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	10-31-68	Mt. Olive		10 2 3 4	Washington	V//	D. C.
24.	FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY RE	GISTRAR 2Sb. REGISTRA		
1	Wilhelm Fune	ral Home /308	Suitand Rd	S.E.	DATNOV	4 1968 Rolle	may Ju	dge.

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please as anove carbon pages. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 724 pure death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

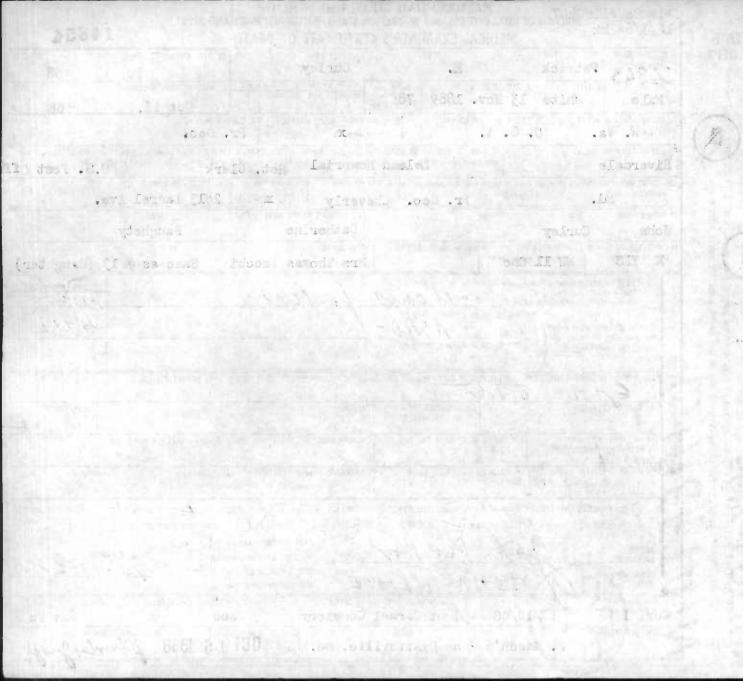
Page 4 may be retained by the haspital or attending physician.



FOR STATE HEALTH DEPT. delay is apd 3 to af opd 3. Give Pages 1, farm after death Item 18. haurs be executed within Dont within = This certificate shauld writing the ward 2 execute the certificate, O FUNEI Health

Item2a FilmG107 OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH 14854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN TO Year 2b. HOUR Patrick Curley DEATH MATED 1968 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF LINOFR 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR 13 Nov. 1889 Mala White 19 68 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) W. Va. U. S. A. Pr. Geo. WIDOWED 3 DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Lelend Memorial during mast of warking life, even if retired.) Riverdale Post Off 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admissian) STATE 13b. COUNTY 2813 Laurel Ave. YES NO Pr. Geo. Cheverly 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Catherine John Curley Daughety 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (no, washnawn) or clas of service) Mrs Thomas Vacchi Same as # 13 (Daughter 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO Z 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street ar R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inspection and in my opinion Natural causes Accident . Suicide . Homicide deoth resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4 **EXAMINER'S** OHN NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) B REMOVAL (Specify) 10/16/68 Mt Carmel Cemetery Wood West Va ADDRESS 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. OCT 16 1968

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME ype or print)	First Stacey	C	Middle Daigne	eault	Last	20.	DATE OF DEAT	Month 2 Doy	68 ^{Year}	26. Hoyr 4 30
3. SE			RACE			S. DATE OF BIRTH		6. A	GE (In yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Ma	ale	V	White			7-4-	98	10	birthdoy)	MONTHS DAYS	HDURS MIN.
7a. B	IRTHPLACE (State or fo				8. MAPPIED	NEVER MARRIED	-	UNTY OF DEA			
coun	Vermont	US	SA		WIDOWED	topological desired and the second		Prince	George	as	м
_	ITY OR TOWN OF DEAT	Н		AME OF HOSPITAL OR INST	ITUTION (If n		2a. USUAL OCC	UPATION (Kind	of work dane	12b. KIND OF	F BUSINESS OR
R	iverdale	. Md.	give	street address) Met	Huser	9		working life,	even if retired.)	MODUSTRY 1	
130.	USUAL RESIDENCE (Who	ere deceased live	d, if institut		13c. CITY OR	TOWN 13d. 19	VSIDE CITY LIMITS?	13e. STREET	AND NUMBER		
admis	ssian) STATE MC	136	o. COUNTY	Prince G	Hya	tts. YES	NO 🗆	1508	Madis	on St.	
14. F	ATHER'S NAME Fi	rst	Middle	Lost	1:	S. MOTHER'S MAIDEN	NAME First		Middle		Last
	Joseph	1		Daigneau	alt	R	uth Hu	abbard			
	WAS DECEASED EVER I			16b. SOCIAL SECURITY N	0. 17.	INFORMANT			Address	17	
Y	es, no, or unknown)	(If yes give war or date	es of service)	579 01 638	4A .	Zella C D	aigneau	ılt Hy	attsvill	.e, Md.	
	18. CAUSE OF DEATH	(Enter only one	cause per li	ne for (a), (b), ond (c).)			11- 11			DETRACTOR O	NATE INTERVAL DNSET AND DEATH
	PART 1. DEATH W	AS CAUSED BY: IMMEDIATE CAU	ISE (a)		(0	NCESTI	VE HE	PART	HAILURI	5 1	MO
	4129			AS A CONSEQUENCE OF	10-	2		6			
	Conditions, if ony, wh	nich gove)	(h)	is it consequence of	ARTE	FRIOSCL+	ERO 17 C	C.V	DISTATE	UN	KNOWN
	nise to immediate co stating the underlying		UE TO, OR	AS A CONSEQUENCE OF	V-III						
	last.	9 (865)	(c)								
	PART 2. OTHER SIGNIE	ICANT CONDITION	S CONTRIBL	ITING TO DEATH BUT NO				TON GIVEN IN	PART 1(a)		
z	4221		255	PULI	u.	EMP441	FEMA				
CERTIFICATION	190. DATE OF OPERATIO	N 19b. CONDIT	TION FOR WH	HICH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES	NO 1	20b. IF YES, CAUSES OF	WERE FINDINGS CO DEATH?)NSIDERED IN C	ERTIFYING
	210. ACCIDENT WAS L		21b. TIME O		21c. H	OW INJURY OCCURR	ED (Enter notu	re of injury in	Part 1 ar Part 2, 1	tem 18.)	- 12
MEDICAL	or contributing co	AUSE OF DEATH cal exominer)	HOUR A.M. P.M.	Month Day Yeor							
	21d. INJURY OCCURRE While Not while at work of work	D 21e. PLACE		(AT HDME, FARM, STREET, FACT OFFICE BUILDING, ETC.				City or To		County	State
	220 I certify the	t (I) (this ho:	spital) ott	ended the deceose	d from_	27 SEP	, 19.68	, to 2	707. , 19.	<u> 58</u> , that	t (I) (we) lo
	saw the dec	eased alive a	n	L OCT.	<u>රසි</u> , an	d that in (my) (our) opinion	deoth occu	rred on the do	re ond hour	and from th
	22b. SIGNATURE	d obove, (I)	(we) (did)	(did not) view the b	ody affer	dearn.			1 22c F	DATE SIGNED	
		i.). H	our	called	DEGI	REE PHYS.	MED. DIRECTO	OR ST/	AFF C	2 OC	T. 1968
	22d. PHYSICIAN'S NAME (Type)	ć.J.	400	MANN	M.J	22e. ADDRESS	RIV	ERDA	LE N	ID.	
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10/5/	/68	23c. NAME OF C	emetery or awn	Cemetery	I	LOCATION (C	ity ar Tawn) Norfor	(County)	(Stote)
24.	FUNERAL DIRECTOR	F. Gar	sch's	Sons Hyat	tsvil	le, Md 2So	REC'D BY REG		2Sb. REGISTRAR'S	SIGNATURE	udat

funeral Tand 2 deoth. death. within 24 hours ofter **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician and completely filled in y director, page 3 should be detached for use as the burial-transit permit. Then please remove comon papers. Should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hou TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 30M REV. 1/68 14855 The Land of State 1 and the land of the land The Transfer of the State of th funerol ond 2 deoth.

Sician and completely filled in by

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		Tune or mint)	irst va h	Middle		lost Daniel	.s	2o. DATE OF		Y Y	eor 68	2b. HOUR 9:30
	3. S	Female	4. RACE	White		S. DATE OF BIR	TH 22, 19	911	6. AGE (In years log withdoy)	MONTHS S.		UNDER 24 HRS. OURS MIN.
		BIRTHPLACE (Stote or foreign ntry) Md.		OF WHAT COUNTRY?	B. MARRIED WIDOWED	NEVER MARR		9. COUNTY OF Pri	nce Georg	es		M
1	10.	Cheverly		11. NAME OF HOSPITAL OR IN give street oddress)		not in hospitol Georges	(Kind of work done lif ₩₫ v¶nd retired.		TRYIOM			
7	13o. odm	USUAL RESIDENCE (Where de ission) STATE Md.	ceosed lived, if	institution: Residence before JNTY Balt.	Balt:		YES NO		REET AND NUMBER Berrywo	od Rd		
	14.	FATHER'S NAME First Sewell	Mi	ddle Lost Evans		IS. MOTHER'S MAI		irst arl	Middle	We	bste	Lost P
		. WAS DECEASED EVER IN U.S. (es, no.pgunknown) (If yes	ARMED FORCES? give war or dates of ser			INFORMANT Charle	s G. 1	Daniels	Address (same as	# 13	5)	
		PART I. DEATH WAS CA		per line for (a), (b), and (e)		- 1	Our	0			APPROXIMAT TWEEN ONSE	
		Conditions, if ony, which go rise to immediate couse (stating the <u>underlying cou</u> <u>lost</u> . PART 2. OTHER SIGNIFICANT	o), o), oue To	D, OR AS A CONSEQUENCE OF CO., OR AS A CO., OR	who	textel text (Jack DISEASE OR C	voma	in in Part 1(o)			
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS PE	RFORMED	20o. AUTOP	SY?		F YES, WERE FINDINGS S OF DEATH?	CONSIDERE	D IN CERT	IFYING
,	MEDICAL CER	210. ACCIDENT WAS UNDER OF CONTRIBUTING CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CHEET CAUSE OF	DEATH HOUI		9				ry in Port 1 or Port 2			
	2	While Not while of work	13-14	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC					or Town	County		Stote
		22a. I certify that (I) saw the decease causes stated ab	(this haspita d alive an_ ave,(I) (we)	did (did not) view the	ed fram 19, ai bady after	nd that in (my death. Med) (aur) api	nian death	accurred on the	date and	haur an	d fram th
		22b. SIGNATURE	unde	& Harmel	MI) DEC	ATTENDING	N	SED.	STAFF DHYS.	c. DATE SIGI	NED / 2/ (58.
									11113.	-		
1		22d. PHYSICIAN'S NAME (Type)	7MSHI	D HAME	1).	22e. ADDR	OY-E	- 20	Ma Rd	10	XIS.	IN SA
1	230	NAME (Type) BURIAL, CREMATION, PEMOVAL (Specify)	7MSH1 13b. DATE 10-4-	1) HAME 23c. NAME OF 57/ ADDRESS	A4L'	R CREMATORY	OY-E	1 /	ON (City or Town) NON P 25b. REGISTRAI	(Count	n /	(Stote)

SEAST TOTAL TOTAL STREET, STRE Establish Color of the Color of Later Both Control of the Control of ter a mure) to test A . The France of the Angle in the Committee of the Co The second secon The second of th SE CITY OF A LEEK OF CHANGE OF THE SECOND

Ritchie Bros. Upper Marlboro. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			EKIIFICA	IE UT DEAL	П			X X O	0 6
1. DECEASED NAME Fir	st	Middle		Last	2a.	DATE OF DEATH			2b. HOUR P
(Type or print) Wil	liam	Henry	DeV	laughn		Oct.	27	1968	3 12:45 M
3. SEX	4. RACE		S	DATE OF BIRTH		6. AGE (In		UNDER I YEAR	IF UNDER 24 HRS.
Male	Whi	te	1	pril 10	. 188	last birthe	day) yRS. MO	DAYS DAYS	HOURS MIN
a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA			NEVER MARRIED		NTY OF DEATH			
Maryland	U. S.	A.	WIDOWED X		Pr	rince Ge	orges		Md.
10. CITY OR TOWN OF DEATH	11. NAM	NE OF HOSPITAL OR INST	TITUTION (If nat	in haspital 12a.	USUAL OCCL	JPATION (Kind of wo	ark dane	12b. KIND OF	BUSINESS OR
Cheverly	Pr.	eet address). S G	en. Ho	sp: T	obacc	varking life, even if O Farme	retired.)	Own I	Farm
13a. USUAL RESIDENCE (Where dece	ased lived, if institution	n: Residence befare	13c. CITY OR TO	DWN 13d. INSIDE	CITY LIMITS?	13e. STREET AND NL	JMBER 4)1d
admissian) STATE Md.	13b. COUNTY P	r/Geo's	Upper	YES	- California	Largo R	d.		
14. FATHER'S NAME First	Middle	Last		NOTHER'S MAIDEN NA	ME First		Middle		Last
Jose		DeVaughn			May	•••	- T	aymar	1
16a. WAS DECEASED EVER IN U.S. A Yes-ng. or unknown) (If yes giv	RMED FORCES?	6b. SOCIAL SECURITY N		ORMANT		4801 0	Id La	rgo F	Rd
Yes, na, or unknawn) (If yes giv			Mar	garet P	ushee	-Upper	Marlb	oro.	/d
18. CAUSE OF DEATH (Enter		far (a), (b), and (c).)	1 1						INSET AND DEATH
PART I. DEATH WAS CAU	DIATE CAUSE (a)	Grehat	The	troops				50	days
4339		A CONSEQUENCE OF	1 1	1					/
Canditians, if any, which gav		Porchos	He	levorios	/				
rise ta immediate cause (a stating the underlying caus	DUE TO, OR AS	A CONSEQUENCE OF							77.00
last.	(c)								3/16/19
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE	ORCONDITIO	ON GIVEN IN PART 1(a)		
332X									
19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH	H OPERATION WAS PER	FORMED	20a. AUTOPSY?	/	20b. IF YES, WERE F	INDINGS CONS	SIDERED IN C	ERTIFYING
19a. DATE OF OPERATION 19				YES N	0 🔼	CAUSES OF DEATH?			
			21c. HOW	INJURY OCCURRED	(Enter nature	af injury in Part 1	ar Part 2, Iten	n 18.)	1151/119
OR CONTRIBUTING CAUSE OF D	niner) P.M.	Manth Day Year							
	e PLACE OF INTURY /A	T HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	rary.) 21f. LOCA	TION Street or R.F.I	D. Na.	City ar Tawn		Caunty	State
While Nat while at wark		THE BOILDING, ETC.					1		
22a. I certify that (I)	his haspital) atten	ded the decease	O PIDAMI		1968.		1 196	, that	(I) (we) last
saw the deceased	alive an	00	9 48, and	that in (my) (aur) apinian d	death accurred a	n the date	and haur	and fram the
causes stated aba	ve, (1) (we) (ala) (a	ild nat) view the c	oddy affer de	ain.			I 22c DAT	TE SIGNED	
220. SIGNATURE	6.	9	A DEGREE	ATTENDING	MED.	STAFF C			30/9
22d. PHYSICIAN'S	arrel	m	N DEGKEE	PHYS. 22e. ADDRESS	DIRECTOR	PHYS. L	71066	. 27.	1900
	ert B. Sa	asscer.	M.D.		Marl	boro. M	d. 20	870	
	DATE DE	23c. NAME OF C				LOCATION (City or To		(County)	(State)
DEMOVAL (C: C.)	0/30/68							, ,,	
24 FUNERAL DIRECTOR	0/ 30/00	ADDRESS	incolr	2Sa PF	C'D BY REGIS	adensbu	GISTRAR'S SIG	Geo.	Md.

DATE NOV 1 2 1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campfefely filled in by The Funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. ecurred within 24 has TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex Page 4 may be retained by the haspital ar attending physician.

THEFAI Villia enry Douglan ot, 100 let oLui 7 1. 1 .1 log line ie lee sorie. brefysel 1924, n. 0 - 1924 | 000 A CO | 1924 | 10 A CO | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 1924 | 192 martin -- the total and the -- the total . OF CHELLENIO to terror of the transfer of the transfer 9801, 12 . 30 10/50/50 1. Jucola Se : 11. Jucola Se : wisconingicon, Humanundloom, N. . 14849

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

coroner, consulted + has released

Dr. Kehse,

TO FUNERAL DIRECTOR: After this certificote hos been signed by the ottending physicion of a completely filled in by the director, page 3 shauld be detached for use os the burial-transit permit. Then please remove corbon popers. Pog should be filed with the State Dept. of Heolth prior to burial, cremation, or removol, and in any event, within 72 hours.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14858

	ECEASED-NAME Firs		Middle	Α.	Last	2a.	DATE OF DEATH Oct. Manth 3	av V	(egin		HOUR
	DIO		Joseph	A.					68		50a
3. SE	Male	4. RACE Ca	ucasion		s. DATE OF BIRTH	6-24	6. AGE (In years lost birthdoy)	MONTHS .	DAYS	IF UNDER HOURS	24 HRS. MIN.
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED	9. COL	INTY OF DEATH				
caur	ntry)		U.S.	WIDOWED			rince George'	S			M
10. (CITY OR TOWN OF DEATH Riverdale	11. NAM give str	NE OF HOSPITAL OR IN eet oddress) gene Lela	istitution (if n	ot in haspital 12		JPATION (Kind of work done working life even if retired.			BUSINESS	OR
	USUAL RESIDENCE (Where decer ission) STATE Maryland	ised lived, if institution 13b. COUNTY	n: Residence befare	13c. CITY OR	Park YEST	DE CITY LIMITS?	13e. STREET AND NUMBER 5807 Buckne		rac	e	į.
14. 1	FATHER'S NAME First James	Middle I.	lost DiCa	115	. MOTHER'S MAIDEN N		Middle	Giuff	rida	Last	
	N. WAS DECEASED EVER IN U.S. AF Yes, no, or unknown) (If yes give	MED FORCES? war or dates of service)	6b. SOCIAL SECURITY	NO. 17. I	NFORMANT Frances D	iCarlo	(spouse) & M			_	rds
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED 430 Canditians, if any, which gave rise to immediate couse (a) stating the underlying cause lost.	ED BY: IATE CAUSE (a) DUE TO, OR AS		ch no	nid Ke	ana	« Rage	18n	APPROXIA ETWEEN OI	MATE INTÉR' INSET AND E	AL EATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION			20a. AUTOPSY?	SE OR CONDITI	ON GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDER	ED IN CE	RTIFYING	3
MEDICAL CER	21o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, natify medical exam 21d. INJURY OCCURRED While Not while at wark at wark 22a. I certify that (I) (1) saw the deceased causes stated obox	HOUR A.M. P.M. PLACE OF INJURY (Month Doy Yeor It HOME, FARM, STREET, FA FFICE BUILDING, ETC.	ACTORY,) 21f. LC	OCATION Street or R. A distribution (my) (ou	F.D. Na.	City or Town ta Color of the death occurred on the	Count	Y that	(I) (w	e) lo
	22b. SIGNATURE Sale 22d. PHYSICIAN'S NAME (Type) Balta	azarla zar E. Per	forey M.D.	DEGR	ATTENDING PHYS. 22e. ADDRESS 10305		STAFF DESTAFF	DATE SIG	3/	63	7
	DEMOVAL (Specify)	DATE ct 5, 1968	23c. NAME OF Cedar	Hill (Cemetery		itland Pro Ge		Md.	(Stote)
2.7.	F. Gasch'	s Sons	yattsvil			OCT		orles		194.	

14888 internactional Hemone hall Perstan on how way framen 189 LC 420 180 40 HE Many Area St. 1881 T. 430 at the control of the control of by the funeral oges 1 and 2 ours ofter death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24 hours offer deoth. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and chapterly factor, page 3 should be detached for use as the burial-transit permit. Then please cemove corbody should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, when

30M REV. 18

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14859

14000			CERTIF	ICATE OF	DEATH			2100	
(Type ar print)	ALC.OL	Middle	D	lost 15NE	4	20. DATE (Mandle - CO.	y Yeor	2b. HOUR
3. SEX	4. RACE			S. DATE OF B			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White			Jan 1	5,1989		lost birthdoy) YRS.	MONTHS OAYS	HOURS MIN
70. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WH	HAT COUNTRY?	B. MARRI WIDOW	ED NEVER MAR	RRIED	9. COUNTY O	of DEATH ce George		M
Highland, Md. O. CITY OR TOWN OF DEATH	11. N/	AME OF HOSPITAL OR INS			12a. USU	AL OCCUPATIO	N (Kind of work done	12b. KIND OF	BUSINESS OR
Riverdale, Md.	Le	street address) elend Mem.			Gara	e owne	g life, even if retired.)	Garag	е
13o. USUAL RESIDENCE (Where decoderission) _STATE Highkand.Md.	eased lived, if institut J3b_county Howard		13c. CITY	OR TOWN	13d, INSIDE CITY L	13e. 5	STREET AND NUMBER		
14. FATHER'S NAME First	Middle	Lost		IS. MOTHER'S M	AIDEN NAME		Middle		Lost
Charles T.Disn		the Usinesi		Marg	aret	E. Wi	lson		F (6)5
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECURITY N	NO. 1	7. INFORMANT		175	Address		
no				Roland	L, Di	sney	Highland, N	Id.	MATE INTERVAL
1B. CAUSE OF DEATH (Enter				1 .	1 .	1	1		INSET AND DEATH
PART I. DEATH WAS CAL	EDIATE CAUSE (a)		Ca	eded,	in	farc	tim.	2.	hours.
4109		AS A CONSPOUENCE OF			A.			41	Baen -
Conditions, if any, which gar rise to immediate cause (c	(b)	Kon	na	300	clu	acm		1	4402
stoting the underlying cau	36	AS A CONSEQUENCE OF	de	200	enter	ine	Cersis	40	ara.
PART 2. OTHER SIGNIFICANT	(c)	-	OT RELATE	TO THE TERMINA	L DISEASE OR	CONDITION GIV	/EN IN PART 1(a)		
4201		nor	~				.,		
190. DATE OF OPERATION 1	9b. CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?		IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
HEI -				YES [NO 🔀	CAUS	ES OF DEATH?		
				. HOW INJURY OC	CURRED (Ente	er noture of in	jury in Part 1 ar Port 2,	Item 1B.)	
OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. Deminer) P.M.	Month Doy Year							
₹ 21d. INJURY OCCURRED 2 While Not while at work at work	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	CTORY.) 211	f. LOCATION Stre	et or R.F.D. No	ı. Ci	ty or Town	County	Stote
22a L cortify that (1)	(this haspital) att	ended the decease	ed from.	May	, 19/	764, to	22 19	60, that	(I) (we) las
saw the deceased	alive on God	did nat view the	bady aft	and that in mer death.	y)(our) op	inian death	accurred an the d	ate and haur	and from th
22b. SIGNATURE	RIS	ouen	173	EGREE PHYS.	NG 🔀	MED. DIRECTOR	STAFF D 22cc	DATE SIGNED	,1968
22d. PHYSICIAMS NAME (Type)	8116 GOR	BUELL M.D. 1		22e. ADI	ORESS				
	Bb. DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCAT	TION (City or Town)	(County)	(Stote)
	ct. 23,196	58 Mt. 7	ion			High			
24. FUNERAL DIRECTOR Donaldson	Funeral Ho	ome Laurel			2Sa. REC'D	T 2 8	1988 OCL	S SIGNATURE	4.0

SSEAT LOSS STORY TOWN THE PROPERTY OF THE PARTY WITH THE RESIDENCE HOTELY IN FIRST COMMITTEE 18 July 12 Jul WEST TO THE OF STREET Lumine and Charles Land Land Land 15 Company (1981) 11 100 Company (1981) 11 100 Company (1981)

FOR STATE EALTH DEPT.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madical Education. pages I and 2 with the State Department of Health priar to burial, crematian, or remayal, and in any event within 72 hours after death. 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

VR A15ME (5) 10M REV. 1/68

TO DEPUTY

16

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14851 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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4	7	O	O	V

	CEASED-NAME	Fin	st	Mid	ldle		Lost			2a. DATE KNOW		h Doy	Year	2b. HOUR
(1	ype ar Print)	Mary	7			Dit	tman			OF ESTI DEATH MATE	D PA 10-	-3-68	194:	DOam,
3. SE	Χ	4. RACE	S. DATE OF 1	BIRTH	6. AGE (In		IDER 1 YEAR	IF UNDER		2c. DATE PRONC				2d. HOUR
F	emale	White	7-29-	1922	lost birtho	yrs. Months	DAYS	HOURS	MIN.	Month	Boy	680	197:4	5am M
7o. 8	IRTHPLACE (Stat	e or foreign	7b. CITIZEN OF V	WHAT COUNTRY?	8.	MARRIED [NEVER MA	RRIED	9. COU	INTY OF DEATH				
count	ry) Va		US	S A		WIDOWED TO	DIVO	RCED	P	rince Ge	eorge !	5		Me
10. C	TY OR TOWN O	F DEATH	11.	NAME OF HOSPIT	AL OR INSTIT	UTION (If not	in hospital		SUAL OC	CUPATION (Kind	of wark done	12b. KIN	ID OF BUS	INESS OR
	Cheve		93	e street address) rince Ge	eorge	Hospit	al			f working life, ev lousewif	e		ome	200
			osed lived, if inst	titutian: Residenc	e before 13c	. CITY OR TOV	VN 13	d. INSIDE CITY		13e. STREET AND				
10	mission) ATATI	11	Prince	George		<u> </u>			10	103 661	th. St	reet		
14. F/	ATHER'S NAME	First	Mide		Last		THER'S MAI		First		Middle		Losi	
	W	illiam	M Suddut	th	600		Rose	A Dow	son					
	VAS DECEASED EV	/ER IN U.S. ARMED	FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFOR					DDRESS	11/2-		
(,,,	no	(II yes give	e wai or gales of service		Maria I	Roy	N Cu	rtis	Mar	'yland'	ark,	Md.		
				r line for (a), (b),	ond (c).)								PPROXIMATE WEEN ONSET	
	PART I. I	DEATH WAS CAUS	ED BY: NATE CAUSE (a) R	upture d	of spl	een								
	571,	8	DUE TO, O	DR AS A CONSEQU	JENCE OF S	plenom	egaly	7	£ 10	FO. 1005				
		any, which gave	(b)	From po	ortal	hypert	ensid	n						
		liote cause (a), iderlying cause	DUE TO,	OR AS A CONSEQU	JENCE OF	Cirrho	sis c	f liv	rer		Thurt 6	4 12		
	last.) (c)											
	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH	BUT NOT REL	ATED TO THE	TERMINAL D	ISEASE OR	CONDITIO	N GIVEN IN PART	1(a)	3 731		
N	5810					200								100
CATIC	190. DATE OF (PERATION		19b. CONDITIO WAS PER		H OPERATION						20.	. AUTOPSY	13
TIFE				WAS PER	FURMEUT	5477							YES X	NO 🔲
MEDICAL CERTIFICATION	21a. EXTERNAL PRIMARY CAUSE OF DEA	R CONTRIBUTING		OF INJURY Month, A.M. P.M.	Doy, Yeor 19	21c. HOW	INJURY O	CURRED (Er	iter notu	re of injury in Po	rt 1 or Port 2	, Item 18.)		
MEE	21d. INJURY OC	CURRED 21e		(At home, farm,	street,	21f. LOCA	TION Street	or R.F.D. No		City or Tow	'n	Count	у	Stote
	AT WORK	OT WHILE	actory, office build	ding, etc.)										
	22a. I	certify that I	toak charge at	f the remains a	described of	bave, held	an Auto	psy X,	Ins	pection X,	Inquiry	, ar	nd in m	y apinian
		sulted fram:	_		Accident [· Contract		Undetermi	ned manne	er 🗍		
			1	//	A			MEDICAL						
	ACTUAL SIGNATURE _		120	22/	e	no				MINER	22b. DA	TE SIGNED		
	EXAMINER'S	/	7/	1			-111-	UTY MEDICA				10-	-3-68	3
	NAME (Type)	John I	choe MD	River	rdale,	Md.	ADE	RESS(Street	, city, ta	wn, ar county)				
23a.	BURIAL, CREMA REMOVAL (Spec	ify)	o. DATE ct 7, 19	23c. N	IAME OF CEM	ston N		al	23d.	LOCATION (City Suitlan		(County)		Md.
24.	FUNERAL DIRECT		Gasch	s Sons				2Sa. REC'I	BY RE		b. REGISTRAF			
			- densoil	2 20113	117 00 01	TILLE	, 1100	DATE O	CT	8 1968	gel	carles	Jus	ge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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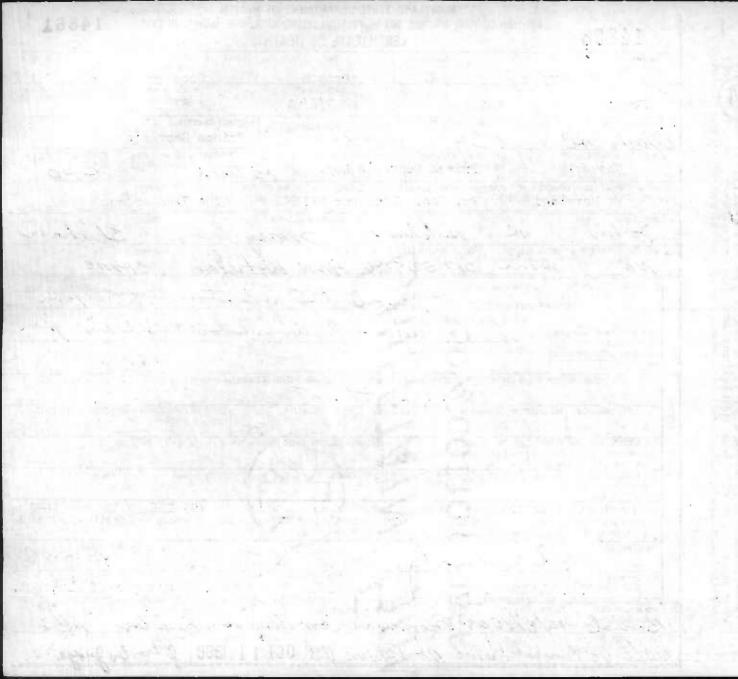
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executed within 24 haurs

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cerminate be pax	Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	director, page 3 should be detached far use as the burial-transit permit. Then please rem	e fil
SPII	4 m	VER.	'ar,	4 P
오	age	E	irect	hall
2	P	2	O	V

	ECEASED-NAME Fir	st	Middle	Last	2a. I	DATE OF DEATH		2b. HOUR
(1	Type or print) Ma:	r 37	Δ	Donath		October	5. 1968	7:10A
3. SE		4. RACE	Α.	S. DATE OF BIR	TH	6. AGE (In years		7 0 2 0 4 2
J. JL	Female	Whit	e	7/6/		last-pirthday)	YRS MONTHS DAYS	
10. (BIRTHPLACE (State or foreign intro) LITY OR TOWN OF DEATH Cheverly USUAL RESIDENCE (Where dece	give stype	A WI OF HOSPITAL OR INSTITUTE FIFTHER Geore	IARRIED NEVER MARR DOWED DIVORC	Pr 12a. USUAL OCCU during most of M	INTY OF DEATH TINCE George JPATION (Kind of work di working life, even if refire 113e. STREET AND NUMBER	sone 12b. KIND (INDUSTRY	Md. OF BUSINESS OR
admi	ission) STATE Maryla	and 13b. COUNTY P		andover Hil		4204 72nd A		
16a.	FATHER'S NAME First WAS DECEASED EVER IN U.S. A (es, ng, or ynknown) (If yes giv	Middle ARMED FORCES? ve war or dates of service)	Hertchison b. SOCIAL SECURITY NO. 217 5253	15. MOTHER'S MAI	DEN NAME First	Middle Addres	Shee	han
	IB. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU-IMME! Conditions, if any, which gover is to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A (b)	0.1	e careli	2 mja	Lowling		DXIMATE INTERVAL N ONSET AND OEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION CONDITION FOR WHICH	a of the	throws	,	ON GIVEN IN PART 1(0) 20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN	CERTIFYING
MEDICAL CER	at work of work	DEATH HOUR A.M. P.M. 1e. PLACE OF INJURY (AT OF	Manth Day Year 19 HOME, FARM, STREET, FACTORY, FICE BUILDING, ETC.	21f. LOCATION Street	or R.F.D. Na.	e af injury in Part 1 or Par City or Town	Caunty	State
	22a. I certify that (I) (saw the deceased causes stated aba 22b. SIGNATURE	this shoup tot) attendalive an Octo	ber 1968	, and that in (my) (68 7) apinian d	ta October death accurred an th	e date and hau	at (I) (***) last or and fram the
	22d. PHYSICIAN'S NAME (Type)	Lilly M.D		DEGREE PHYS. 22e. ADDR 4410	ESS 74th A	ve. Lando	7 -	
23 a.	BURIAL, CREMATION, 23th	b. DATE 0/8/1968	100	TERY OR CREMATORY	relan V	LOCATION (City or Town)	(County)	(State)
24.	FUNERAL DIRECTOR	mal Hor	address re Mt RA	ivine, Me	2Sa. REC'D BY REGIS	STRAR 2Sb. REGISTI	RAR'S SIGNATURE	ye

VR A15 (4) 30M REV. 1/68



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the roneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. cuted within 24 hour TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

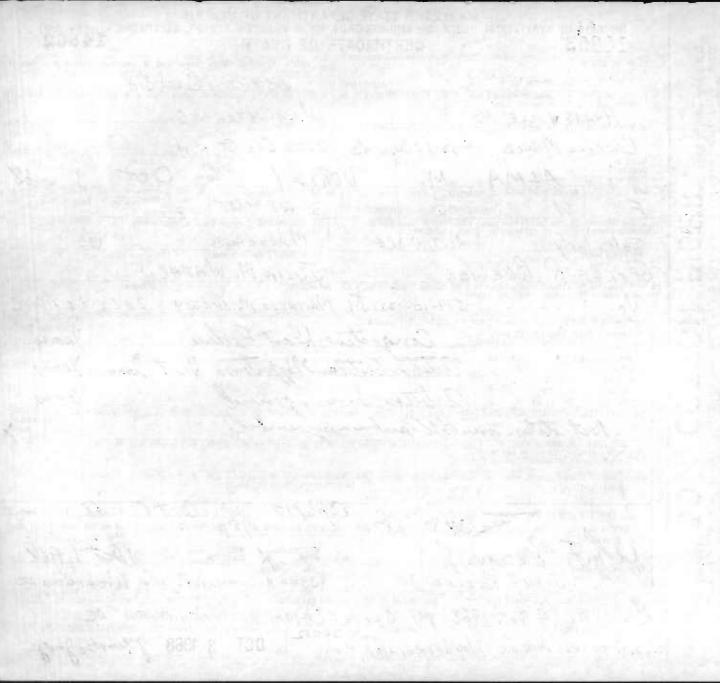
PLACE DE DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14853 CERTIFICATE OF DEATH

HOHAL DECIDENCE (Where descreed lived 16 inctitutions Deciden

1	a. COUNTY	a. STATE, b. COUNTY
	Prince George's MARYLAND	DISTRICT 6/ COLUMBIA
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	. HYATTS WILLE MD.	MASHINGTON D.C.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	CARROLL MANOR 4922 LA SALLE RD.	2222 EYE ST. N.W. YES NO I
7 3.	NAME DF DECEASED (Type or print) ALMA Middle DC	ORSEY 4. DATE DEATH DEATH Day Year 1968
3 5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Days Hours Min
	F WIDDWED DIVORCED	3 - 28 - 1883 8 3 yrs.
	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUS	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	SALES LACK PEPT. STORE	MARYLAND US.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE R. BREWER	JULIA M. WATHEN
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (es, no, of unknown) (If yes give war or dates of service)	INFORMANT Address
1,	105, 10, or officery of the war of dates of service) 579-10-121211	MARGARET M. DORSEY 2A & C d. E ABOUE
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e Heart Foilure
	4/20 DUE TO	1 minutes
1	Conditions, If any, which) (b) Artemoscherites	and Leshortenian Heart Those Years
	gave rise to immediate	The state of the s
	underlying cause last.	in servered Years
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
ERTIFICAT	1443 X Post-status: multiple spulmons	PERFORMED? YES NO NO
E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
SE	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
S	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)
-	21. I certify that (I) (this hospitel) attended the deceased from Co	150/17 196/ to Oct 1 1968 that (1) (we) last
		death occurred at 250 pm, from the causes and on the date stated above.
	22a/SIGNATURE	22b. DATE SIGNED
	John to Brenna & M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	229. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) JOHN 7. BRENNAN, JR.	3344 RUNNYMEASEPL. N.W. WASHINGTON DC.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. /LOCATION (City, town or county) (State)
	12 URIAL 14 OCT. 1960 MI. WLIVET	LEMETERY WASHINGTON, DC.
2	4. FUNERAL DIRECTOR ADDRESS & S	200 /2 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VT	in ARDI TUNE BAL HOME IN 1400 GEORGIA HUE N. Y	1 DATE CT 3 1968 Schanles Judge
1=		

VR A15 (4) 20M 1/65



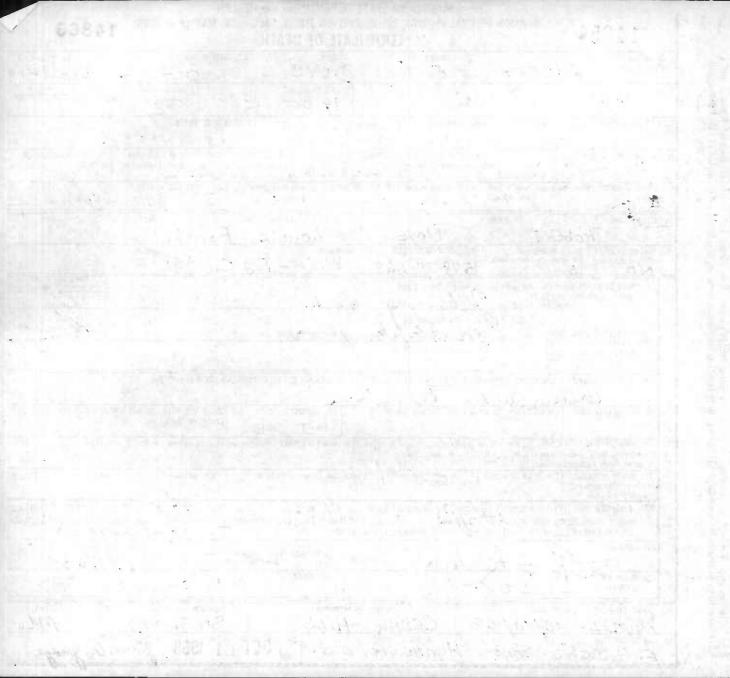
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14863 14854 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. within 24 hours after deoth. the funeral (Type or print) OBERT E 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. buriol, cremotion, or removal, and in any event, within 72 hours are last birthday) OCT. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) and completely filled in remove corbon popers: GEORGE WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d, INSIDE CUPPLIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY QUEENSBURY YES V NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Last OVE **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician director, page 3 should be detoched for use as the buriol-tronsit permit. Then pleose should be filed with the State Dept. of Heolth prior to buriol, cremotion, or removal, and The low requires that the death certificate 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, ng, ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove : rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retoined by the hospitol or attending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES 🗀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased fram_ saw the deceosed alive on det 5/1/6/ __19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. KEHOE NOTTFIED 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) MD 23c. NAME OF CEMETERY OR-CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify)

SuiTL

REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV.

24. FUNERAL DIRECTOR



PM3. Poge

xominer's Office olong with farm

File pages 1 and 2 with the State Department of

72 hours after death.

Health prior to burial, cremation, or removal, and in ony event within TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. the funeral directar. Page 4 should be forwarded to the Chief Medical

24 hours offer deoth any deloy is in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death

pencil

necessory, please execute the certificate, writing the word "pending"

DICAL EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11,001

	148	55	MEDI	CAL EXAM	MINER'S	CERTIF	ICATE	OF DI	EATH				7.40	200	
	ECEASED-NAME	First		Mid	dle .		Lost				KNOWN	Month	Doy	Yeor	2b. HOUR
1	Type or Print)	Rebe	cca	Eth	el	D	owell	L		OF DEATH	ESTI-	× 10-	8-68	1977	:10pm
3. \$	EX	4. RACE	S. DATE OF B		6. AGE (In ye		NDER 1 YEAR DAYS	IF UNDER	24 HRS.	2c. DATE	PRONOUNC	ED DEAD			2d. HOUR
I	emale	Negro	31 Jur	ne 1906	11-	YRS. MUNTHS	DATS	HOURS	MIN.	Mon	th o	Day	68	19 17	:58pm
70.	BIRTHPLACE (Stot			HAT COUNTRY?	8.	MARRIED [NEVER MA	RRIED	9. COL	NTY OF D	EATH				
coun	try)		11.	SIA	18	WIDOWED [DIVO	ORCED _	P	rince	Geor	reels			Md
10. 0	ITY OR TOWN O	F DEATH		NAME OF HOSPITA				12o. I			(Kind of v		12b. KIN	ND OF BUSI	
1	Cheve	rlv	give	street oddress)	eorge	Hogni	tal	durin	g most o	f working	life, even i	if retired.)	INDUSTR	2Y	
130.		ICE (Where deceoses	d lived, if insti	tution: Residence				3d. INSIDE CITY	LIMITS?	13e. STRE	ET AND NU	IMBER			
	mission) STATE		Prince	George		room		YES 🗍	NO 🗍	Box	233	3. Mt	Cal	went	RA
	ATHER'S NAME	First	Midd		Lost		THER'S MAI	IDEN NAME	First	1 200		Aiddle	0044	lost	
1	19mes	Sim				1	PURV	7)	-				2031	
		VER IN U.S. ARMED FO		16b. SOCIAL SE	TIRITY NO	17. INFOR		2	19	9 3	ADDR	223			-
	es, no, or unknow	wn) (If yes giye wo	or or dates of service)			10-	MINNINI	11)	-6:	- to		BNIC	- 10 9	12	_
	/40		one		1433	1//6	91119	LUM	3/11	1910		MINC		APPROXIMATE	INTERVAL
		F DEATH (Enter only DEATH WAS CAUSED	one couse per BY:	line for (o), (b),	ond (c).)									TWEEN ONSET	
63	1/10	IMMEDIATI	E CAUSE (o)	Heart fa	LITUre				7.4 -		.7	14		inute	
	4/0	ony, which gove	DUE TO, O	R AS A CONSEQU	ENCE OF 177	perte	ensive	car	110	vascu	llar (disea	se o	ver l	4yrs.
		diote couse (o),	(b)												
13		nderlying couse	DUE TO, O	R AS A CONSEQU	ENCE OF								10		
	lost.	,	(c)												
100	1 1 1 1 1 1 1 1 1 1	SIGNIFICANT CONDIT					TERMINAL D	DISEASE OR	CONDITIO	N GIVEN I	N PART 1(o)			
No		Diabetes	- know												1000
CATI	190. DATE OF (PERATION		19b. CONDITIO WAS PERI		OPERATION							20). AUTOPSY	
CERTIFICATION										0.00				YES	NO 🔀
	210. EXTERNAL	CAUSE WAS OR CONTRIBUTING		F INJURY Month, I	Doy, Yeor	21c. HOW	/ INJURY O	CCURRED (E	nter notu	re of injur	y in Port 1	or Port 2,	Item 1B.)		
MEDICAL	CAUSE OF DEAT			P.M.	19						10.4				
WE	21d. INJURY OC		ACE OF INJURY ory, office build	(At home, form,	street,	21f. LOCA	TION Street	or R.F.D. No).	City	or Town		Count	ty	Stote
	AT WORK	AT WORK	ny, ornce bond	ing, etc.)				1979							1997
13	220. 1	certify that I to	ok chorge of	the remoins d	escribed of	ove, held	on Auto	psy ,	Ins	pection	x, 1	nquiry [7, a	nd in m	y opinion
16		esulted from:		uses to A			de 🗍	Homici		,	hammed .	monner			
	119.70	1	111	71			CHI	EF MEDICAL	FXAMIN	FR 🗍					
	ACTUAL SIGNATURE	b	1- /2	M				SISTANT MED				22b. DAT	E SIGNED		
	EXAMINER'S	MV	7/				-111.00	PUTY MEDIC			2		10-9	-68	
	NAME (Type)	John K	ehoe M	Rive	rdale	Md.		DRESS(Stree			inty)	77			
230	BURIAL) CREMA REMOVAL (Spec	1 2 2 2 2 2			AME OF CEME		MATORY		23d.	LOCATION	(City or To	own)	(County	1 (5)	ote)
	REMOVAL (Spec	cify) / 10	-12-6	8	35	110	245			10	omo		nd		
24.	FUNERAL DIRECT	TOR I	1		ADDRESS	1/4/	1-	2So. REC	D BY RE			REGISTRAR'S		RE	
14	S. WASI	hington 4	dons 4	925.0	PARE	Ave 1	VE	"UC.	T 1 3	1 196		Char			

VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

14865

		MEDICAL	VAMILIATE 2	CENTIL	ICAIL	OI DE	AIII			
1. DECEASED-NAME (Type or Print)	First		Middle		Lost			20. DATE KNOWN Month	Doy Year	2b. HOUR
(*) -	Cecil		M		owns			DEATH MATED X 10-2	20-68 19 8	3:45am
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In y		DER I YEAR DAYS	IF UNDER :	24 HRS.	2c. DATE PRONOUNCED DEAD		2d. HOUR
Male	White	4-17-1887	81	YRS.	DATS	HOURS	MIN.	Month 200	68 199:	02am M
7a. BIRTHPLACE (Sta	te ar fareign 71	b. CITIZEN OF WHAT COUN	NTRY? 8.	MARRIED X	NEVER MA	RRIED 🗌	9. COU	NTY OF DEATH		249.91
	NOIS	0.3		WIDOWED [J	RCED	Pri	nce George's		Md
10. CITY OR TOWN C	OF DEATH	11. NAME OF give street od	HOSPITAL OR INSTITU	JTION (If nat i	in hospital				12b. KIND OF BU	
Chever		Princ	e George					working life even if refired)	INDUSTRY . S .	Gout
		d lived, if institution: Re		CITY OR TOW	N 13	d. INSIDE CITY I		13e. STREET AND NUMBER		
odmission) HAII	nd	Prince Geor	rge's B	owie		YES X N	10 🗆	12414 Sandle I	ane	
14. FATHER'S NAME	First	Middle	Last	15: MO1	THER'S MAI	DEN NAME	First	Middle	los	st
WILLIA	MA.	DOWNS	3	F	EDIT	广升	CH	ESTER		
160. WAS DECEASED E (Yes, na, or unkgo	VER IN U.S. ARMED FO	ORCES? 16b. SO	CIAL SECURITY NO.	17. INFOR		20	. / +	Z. SAME	AC#1	2
(165, 110, 01311)	(II yes give w	ar or odies or service)	201162	14 HO	G-H	P.B.	OLI	L. JAME	10 1.	2
18. CAUSE O	F DEATH (Enter only	ane cause per line for (c	a), (b), and (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL T ANO OFATH
PART I,	DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a) Heard	t failure						minute	
412	.0	DUE TO, OR AS A CO	DISEQUENCE OF HY	perten	sive	arter	rios	clerotic heart		
	any, which gave diate cause (o),	(b)					d:	isease	over 2	vrs.
	nderlying cause	DUE TO, OR AS A CO	ONSEQUENCE OF						-	
last.)	(c)							100	
PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING TO D	DEATH BUT NOT RELA	ATED TO THE T	ERMINAL D	ISEASE OR C	CONDITION	GIVEN IN PART 1(a)		
= 443)	X									
190. DATE OF C	DPERATION		NDITION FOR WHICH	OPERATION		100		1	20. AUTOPS	Y?
E E		W	AS PERFORMED?						YES 🔲	NO.
		21b. TIME OF INJURY A	Month, Day, Year	21c. HOW	INJURY OC	CURRED (En	ter natur	e of injury in Part 1 or Part 2, Ite	m 18.)	VAL. A
PRIMARY CAUSE OF DEA	OR CONTRIBUTING [P.M.	19	10.7						
	1 4	ACE OF INJURY (At hame, ory, office building, etc.)	, farm, street,	21f. LOCAT	ION Street	ar R.F.D. Na.		City or Tawn	County	State
AT WORK	NOT WHILE TOCTO	ny, office boliding, etc.)								
22a. 1	certify that I to	ok chorge of the rem	ains described al	bove, held o	n Auto	psy ,	Inst	pectian X, Inquiry	, and in m	ny apinian
	esulted fram:	Natural causes VX	_ /)			Homicid		Undetermined monner		
	1	1) 6	-//	0	CHIE	F MEDICAL	EXAMINE		7/7	
ACTUAL SIGNATURE	1	Han I	Offer	P		STANT MEDI			IGNED	
EXAMINER'S	11		1.			UTY MEDICA	L EXAMIN	ER 🔀10	-21-68	
NAME (Type)	John Ke	hoe MD R:	iverdale,	Md.	ADD	RESS(Street,	, city, tow	vn, or county)		
23a. BURIAL, CREMA	ATION, / 23b. [DATE	23c. NAME OF CEME	TERY OR CREA	MATORY	7.01.33	23d.	LOCATION (City or Town)	(Caunty) (S	State)
EN CANRA	WENT OC	T24,1968	MEMOR	IAL T	PARK	1	I	DAYTON, OHI	0	
24. FUNERAL DIRECT		2 10 1	ADDRESS		V	'2Sa. REC'D			IGNATURE	
W.W.C	HAMISER.	S (0, R)	FRALI	F MAF	4ACLYS	MADIT	130	1968 Ochan	a Juda	

VR A15ME (5) 10M REV. 1/68

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(Spring)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	1485	8		CER	TIFICATE OF DE	ATH		148	67
	CEASED-NAME ype or print)	. First		Middle	Last	20.	DATE OF DEATH Month	Doy Ye	
3. SE.		Virgin	4. RACE	R.	Duval S. DATE OF BIRTH 9-8-18	387	6. AGE (In year last birthday)	MONTHS	
coun	ITY OR TOWN O	e or foreignD. hington DEATH	11. NA	AT COUNTRY? 8. M WII ME OF HOSPITAL OR INSTITUT treet address)	ARRIED NEVER MARRIED DOWED DIVDRCED TON (If not in hospital	9. COU Pri	NTY OF DEATH Ince George PATION (Kind of work or working life, even if retired)	one 12b. KII	ND OF BUSINESS OR
l3o. admi	Cheverl USUAL RESIDENC ssion) STATE Marylan	E (Where decea	sed lived, if instituti	ince Geo.Gen on: Residence befare 13c. George's Se	CITY OR TOWN 13d.		ISE. STREET AND NUMBER 6815 Eads	R	
	ATHER'S NAME	First Joseph	Middle	lost Palmer	IS. MOTHER'S MAIDE	N NAME First Mary	Mido		lost le
Y	WAS DECEASED es, no, or unknow	EVER IN U.S. ARI	MED FORCES? var or dates of service)	16b. SOCIAL SECURITY NO. unknown	17. INFORMANT Nelson Du	vall	3115 Oat	k Glen Ville,	lay
	rise to immed stating the un last.	ny, which gave tote couse (a), derlying cause	(b) C DUE TO, OR A	S. A CONSEQUENCE OF C	' //	SEASE OR CONDITION	lossis ON GIVEN IN PART I(a)	Lg.	
CERTIFICATION	190. DATE OF OP	ERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PERFOR!	- 11	NO KX	20b. IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSIDERED	IN CERTIFYING
MEDICAL CE	OR CONTRIBUTION	WAS UNDERLYI	TH HOUR A.M. ner) P.M.	Month Doy Yeor	21c. HOW INJURY OCCURR		of injury in Port 1 or Po	art 2, Item 18.)	
ME	21d. INJURY Of While Not at wark	work		(AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC.	1	100	City ar Tawn	County	
	22a. I certif saw th causes	y that (I) (\$) e deceased o stated abay	ilive an (did),	ended the deceased fr 19 (did not) view the bady	and that in (my) (29.08.,	ta_ <i>JO • J. 9</i> death accurred an th	ne date and h	that (I) (we) la naur and fram th
	22b. SIGNATURE	10/0	to Sh	un, M.L	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGN	ED 29, 1968
,	22d. PHYSICIAN NAME (Typ	-1	er Duus,	M. D.	22e. ADDRESS 6056 C		ve., Capit	ol Hgts	Md.2002
23a.	BURIAL, CREMA' REMOVAL (Spec		DATE 1-1-68		TERY OR CREMATORY		LOCATION (City or Town) Washington	, , ,	(State)
24.	FUNERAL DIRECT	DR		ADDRESS 308 Suitland	250	. REC'D BY REGIS	STRAR 2Sb. REGIS	RAR'S SIGNATUR	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and conditrector, page 3 should be detached for use as the burial-transit permit. Then please remonshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any e VR A15 (4) 30M REV. 1/68

hpterally villed in by the funeral economy popera. Pages 1 and 2 eart, within 72 hours (fer death.

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FOR STATE HEALTH DEPT.

death

TO DEPUTY

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form any deloy is 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart Health prior to burial, cremotion, or removol, and in ony event within 72 hours ofter death. This certificate should be executed within 24 Hours ofter DICAL EXAMINER:

5 16

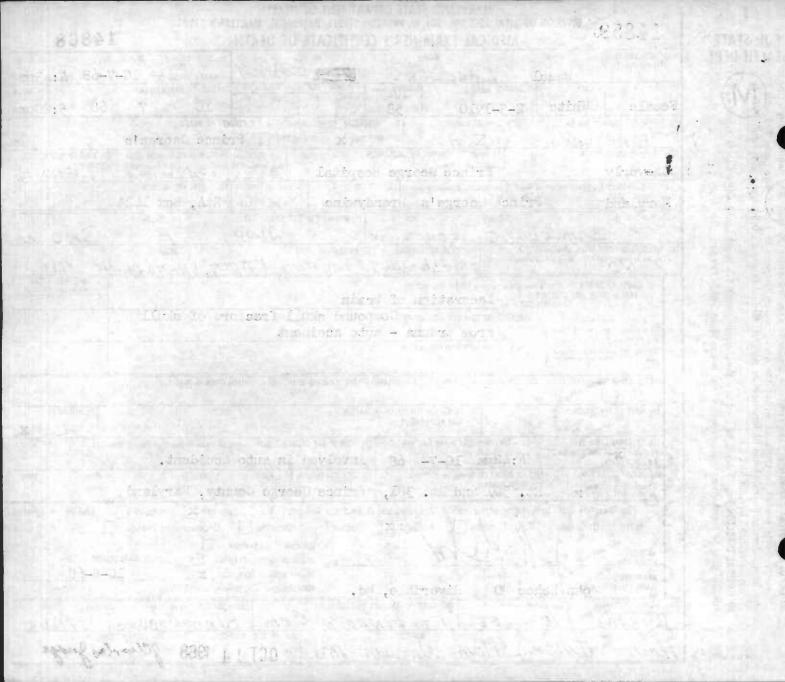
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VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 859 14 MEDICA

	,			
AL	EXAMINER'S	CERTIFICATE	OF DEATH	14868

	7-68 14:43pm M						
3. SEX 4. RACE S. DATE OF 8IRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Days	2d. HOUR						
Female White 2-3-1910 S8 YRS. MONTHS DAYS HOURS MIN. Month Day	68ear 19 5:20pm M						
7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH							
(country) MARYLAND U.S.A. WIDOWED DIVORCED Prince George's	Md.						
10_CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR						
Cheverly give street address George Hospital during most of working life, even if retired.	NOUSTRY BANK						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER							
Maryland Prince George's Brandywine YES NO Rt4, Box 142A							
14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last						
SAMUEL O. LOVELESS MARY E.	BADEN						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS							
(Yes, na, ar unknown) (If yes give war or dates of service) 214-36-3047 ROLAND EARLY BRANDYWI	NE, MD.						
18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: Laceration of brain	DETWEEN ONSET AND DEATH						
8/9 9 DUE TO, OR AS A CONSEQUENCE OF Compound skull frasture of skull							
anditions, if any, which gave)							
rise to immediate cause (a),	rise to immediate couse to 1						
last.							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
8254							
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 17d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 17d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 17d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite 21d. INJURY OCCURRED (21d. INJURY OCCURRED (Enter nature of injury in Part 2, Ite 21d. INJURY OCCURRED (21d.	20. AUTOPSY?						
WAS PERFORMED?	YES NO 🔀						
21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	m 18.)						
PRIMARY TO CONTRIBUTING 4:42 POIN. 10-7-1968 Involved in auto accident.							
	County State						
WHILE NOT WHILE AT WORK AT WOR	and in my apinian						
WHILE NOT WHILE AT WORK AT WOR	, and in my apinian						
WHILE AT WORK NOT WHILE SOIT and Rt. 381, Prince George County, Maryland 220. I certify that I taak charge of the remains described obove, held an Autopsy , Inspection , Inquiry deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner [, and in my apinian						
WHILE AT WORK NOT WHILE AT WORK AT WOR							
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death.

within 24 haur

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exeguted

Page 4 may be retained by the haspital ar attending physician.

ter death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14860

	15000		CERTIFI	CATE OF DEAT	H		220	0.3
(1	ECEASED-NAME First Type ar print) C/ara	m	iddle	phant	20. DATE (Cf. 10	68	2b. Hour 9 P. M
3. SI	Female	4. RACE Caucasian		S. DATE OF BIRTH	1882	6. AGE (In years last birthdoy) YRS.	MONTHS DAYS	HOURS MIN.
7o. coul	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTI	RY? 8. MARRIEG WIDOWEG	NEVER MARRIED	9. COUNTY C	of DEATH e George's		Md
	Cheverly	give street oddre Prince	Geo Gen'1	Hospital durie	g most of workin	N (Kind of work dane g-life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
odm	USUAL RESIDENCE (Where decease ission) STATE Maryland	d lived, if institution: Reside 13b. COUNTY Prince Geor		R TOWN 13d. INSIGE	NO	STREET AND NUMBER 34 34th St	reet	
	FATHER'S NAME First Fred	Middle		IS. MOTHER'S MAIDEN NA	ME first argaret	Middle	Riley	Last
160	. WAS DECEASED EVER IN U.S. ARMI Yes no or unknown)	Laurante of course		INFORMANT Dorothy Ca	arr 423	Address 4 34th St		Rainier Mate interval
	PART I. DEATH WAS CAUSED IMMEDIAL HIGH Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	TE CAUSE (o) DUE TO, OR AS A CONSE	e, GeHer			\$cleros	is 5	yrs.
ATION	PART 2. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DI PHSIVE CONDITION FOR WHICH OPERAT	Cardio-	TO THE TERMINAL DISEASE Vas cular 200. AUTOPSY?	7715E	IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
AL CERTIFICATION	21 a. ACCIDENT WAS UNDERLYING		Dov Yeor	YES NOT	0 28	jury in Port 1 or Port 2	, Item 18.)	
MEDICAL	(If either, notify medical exomin 21d. INJURY OCCURRED 21e. While 1 work of work	PLACE OF INJURY (AT HOME, FA	19 ARM, STREET, FACTORY.) 21f. DING, ETC.			ty ar Tawn	County	State
	22a. I certify that (I) (this saw the deceased al causes stated abave	the an Oct. (ive and (did not)	1966, a	nd thất in (my) (o ur	19 <u>68</u> , ta .() apinian death	10 accurred an the d	9 <u>6 %</u> , that late and haur	(I) (we) last and fram the
	22b SIGNATURE 12d. PHYSICIAN'S NAME (Type) Char.	C. Mage. les C. Hageag	0	GREE ATTENDING PHYS. 22e. ADDRESS 3308	Penny	STAFF -	DATE SIGNED St. 10 Raihir	1968 on Mf
23a	BURIAL, CREMATION, REMOVAL (Specify) 23b. D	, ,	. NAME OF CEMETERY C	R CREMATORY oln Cemet		TION (City or Town)	(County)	(State)
24.	FUNERAL DIRECTOR Nalley's Fun	eral Home 1	ADDRESS	2So. RE	C'D BY REGISTRAR	2Sb. REGISTRAR	s signature	edge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campretely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Posshauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs. VR A15 (4)

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2So. REC'D BY REGISTRAR

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DATE NOV

REMOVAL (Specify) FUNERAL DIRECTOR

VR A15 (4)

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STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbo should be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, w

	CEASED-NAME ype ar print)	First Charles	Middle W •	Ferguson		onth 8, Day 1	L968 ^{eor}	2b. HOUR 8 A.M
3. SE	X	4. RACE		5. DATE OF BIRTH	6. AG	- /111 / 0012	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
M	ale	Caucas	ian	1-24-87	77	4 81 YRS.	MONINS DATS	nouks min.
coun	est Virgi	nia U.S.	Α.	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince Geo UAL OCCUPATION (Kind	ree's	Liel Kind of	Md.
C	nty or town of death heverly	give:	street oddress) ince Geo.Ge	en'l Hospital	nost of working life, ev	ren if retired.)	12b. KIND OF INDUSTRY	BOSINESS OK
odmi	USUAL RESIDENCE (Wher ssion) STATE aryland	e deceosed lived, if institut 13b. COUNTY Prince	ion: Residence befare George's		2 2 122 (ND NUMBER Emack R Arlboro	Pike	
14. F	ATHER'S NAME First Char		lost ter Ferg	is. Mother's maiden name uson Jan	First ette	Middle	Taylo	
	was deceased ever in	U.S. ARMED FORCES? If yes give war or dates of service)	16b. SOCIAL SECURITY NO 57916732			9 AMMACI sville	, Mary	
CERTIFICATION	PART I. DEATH WA Conditions, if ony, which is a tail immediate caustating the underlying last. PART 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION	DUE TO, OR A SISE (a), (b) DUE TO, OR A SISE (a), (c) CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WE	ptured arti as a consequence of as a consequence of meralized a Ting to DEATH BUT NOT	arch with massive the left lung. The left lung. RELATED TO THE TERMINAL DISEASE OF LION of liver and ORMED 200. AUTOPSY? YES XXX NO [e hemmorhage condition given in P/	ART 1(a)		ERTIFYING
MEDICAL	210. ACCIDENT WAS UP OF CONTRIBUTING AN AUTO AUTO AUTO AUTO AUTO AUTO AUTO AUTO	JOSE OF DEATH HOUR A.M. IN EXAMPLE 1 P.M. 121e. PLACE OF INJURY	Month Doy Year 19 (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. ended the deceosec 19 (Idensit view the bi	21c. HOW INJURY OCCURRED (End DRY.) 21f. LOCATION Street or R.F.D. N d from	lo. City or Tov	yn	County 58_, that e ond hour of the SIGNED 2.8, 1	.968
23a.	BURIAL, CREMATION, REMOYAL (Specify)	23b. DATE 10/11/1968	23c. NAME OF CE	METERY OR CREMATORY ncoln Cemetery	23d. LOCATION (City	(ar Tawn)	(Caunty)	(State)
24.	FUNERAL DIRECTOR		ADDRESS	25a. REC'D	BY REGISTRAR 25	Sb. REGISTRAR'S S	SIGNATURE	

ley's Funeral Home Mt. Rainier, Md. DATE OCT 10 1968

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		9	

Rinaldi Funeral Home, 7400 Georgia Ave, NW DATE

VR A15ME (5) 10M REV. 1/68 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1968

14873

Year

68 19 3:30pm M

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Last

APPROXIMATE INTERVA

BETWEEN ONSET AND DEATH

unk

20. AUTOP5Y?

YES X

and in my opinian

(State)

County

10-30-68

(Caunty)

NO 🗍

State

12b. KIND OF BUSINESS OR

Day

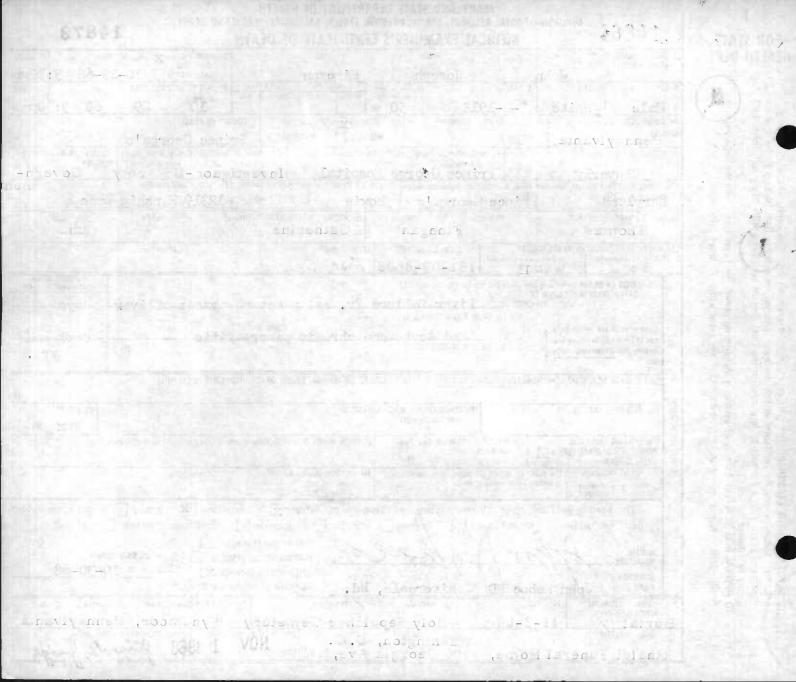
INDUSTRY

2b. HOUR

30pmM

2d. HOUR

men



MARYLAND STATE DEPARTMENT OF HEALTH REET, BALTIMORE, MARYLAND 21201

14874

865	DIAIZION OF	ALLAF KECOKD?	, 301 W.	PRESIO	N 211
1000			CERTIF	ICATE	OF
		4			

	11000		The second	LEKTIFIC	AIE OF DEATH			
	CEASED-NAME First	101	Middle	777	Lost	20. DATE OF DEATH	Doy La Year	2b. HOUR
	191	AKY	K		-ORD	1		8 PM
3. SE	FENALE	4. RACE	ORED	-	S. DATE OF BIRTH 5/14/94	6. AGE (In yeo last birthday)		HOURS MIN.
o. E	BIRTHPLACE (Stote or foreign waryland	7b. CITIZEN OF WHA		WIDOWED		9. COUNTY OF DEATH PRINCE	GEORG	ES Md
C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during mast af warking life, even if retired.) 12. USUAL OCCUPATION (Kind of wark dane during mast af warking life, even if retired.) 12. NONE 12. NONE							
3a. Idmi	USUAL RESIDENCE (Where decearissian) STATE	sed lived, if institution	n: Residence before	13c. CITY OF		13e. STREET AND NUMB	lland 7	Rd
4. F	FATHER'S NAME First	Middle	Last	1:	5. MOTHER'S MAIDEN NAME I	irst Mid	ldle	Lost
	Unkown				Mary B			. (1)1.5
16a.	was deceased ever IN U.S. AR es, na, or unknown) (If yes give	MED FORCES? war or dates of service)	218-07-	17. 6647D	Mary R. Be	Add ean-Daughter	Todien	lland R
	18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI IMMEDI (L. Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DBY: ATE CAUSE (o) DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	ac tiv	arrest e Heart erotic Ca	Fârlure rdiovascul	BETWEEN	ONSET AND DEATH
MEDICAL CERTIFICATION	4330	Vorio	svo		20a. AUTOPSY?	20b. IF YES, WERE FIND CAUSES OF DEATH?	DINGS CONSIDERED IN (CERTIFYING
	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. iner) P.M.	Manth Day Year	9		r noture of injury in Port 1 ar f	Part 2, Item 18.)	
	While Nat while at wark		OFFICE BUILDING, ETC.		OCATION Street or R.F.D. No		County	State
	22a. I certify that (I) (this haspital) attended the deceased from Andrew 1965, to December 1965, that (I) (we) last saw the deceased alive an October 1965, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.							
	22b. SIGNASURE NELLU NO DEGREE PHYS. MED. STAFF 22c. DAJE-SIGNED 6/1968							
	22d. PHYSICIAN'S NAME (Type) POS	ERTL	V. MEI	RLE	22e. ADDRESS Clinto	n , Marylan	d	
	BURIAL, CREMATION, 23b.	DATE 0/30/196	23c. NAME OF Sacr			23d. LOCATION (City or Town	(County)	land

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after the state of the state Dept. On the state Dept. On the state Dept. VR A15 (4) 30M REV. 1/68

FUNERAL DIRECTOR

HART Excent Home TIK.

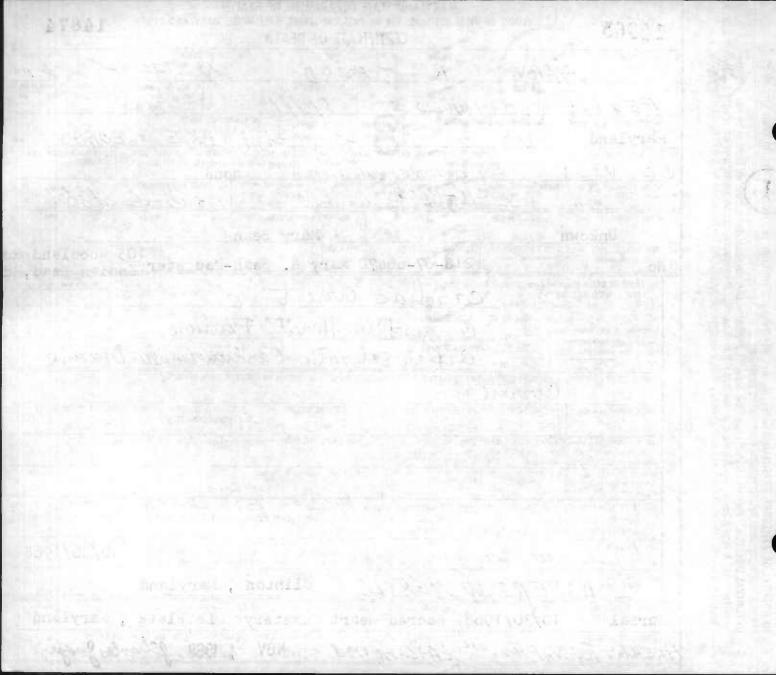
in 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ext

Page 4 may be retained by the hospital ar attending physician.

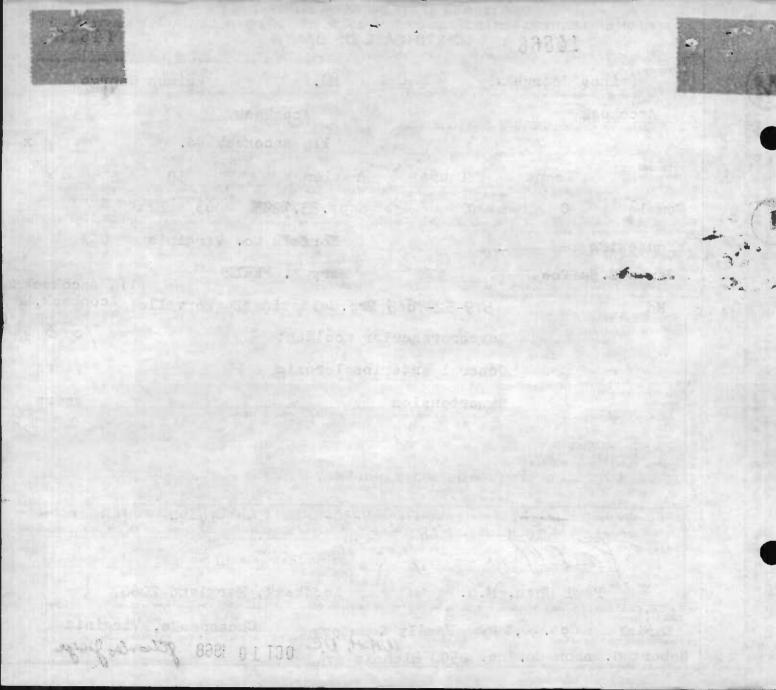
250. REC'D BY REGISTRAR
DAT NOV 4 15 1968

REGISTRAR'S SIGNATURE 2Sb.



DIVISION OF STATISTICAL RESEARCH AND RECORDS: 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14866 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH -J.COUNTY b. COUNTY Prince George Prince George MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL end give neerest town) Accokeek Accokeek d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a IS RESIDENCE ON A FARM? 114 Accokeek Rd. YES NO X completely Yaar NAME OF Middle DECEASED DEATH (Type or print) Leona Laura Frazier 6 19 68 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR) last birthday) Months Sept. 23. 1905 Female WIDOWED A DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired) Norfolk Co. Virginia USA Housewife
13. FATHER'S NAME phy 14. MOTHER'S MAIDEN NAME James Y. Cuffee Mary E. Faulk 114 AccokeekRd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivawarordatasofservice) Accokeek, Md Mrs. Celestine Baskerville INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c) ONSET AND DEATH è PART I. DEATH WAS CAUSED BY: Cerebrovascular accident IMMEDIATE CAUSE (a) DUE TO General Arteriosclerosis vear gave rise to immediate couse DUE TO (a), stating the underlying Hypertension cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate PERFORMED? NO prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) etached (Stata) (County) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While at work at work p.m CTOR: 21. I certify that (I) (this happitel) attended the deceased from 9-30- 19.68 to 70-1- 1968 that (I) (last pino 22b. DATE 220. SIGNATURE SIGNED PHYS. DIRECTOR page with th 22d. ADDRESS 22c. PHYSICIAN'S Chen. M.D. Accokeek, Maryland 20607 filed v 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Cheaspeake. Virginia 0 Burial | Oct. 10, 1968 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN VR A15 (4) 1968 Robert G. Mason Co. Inc. 2500 Nichols 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



14861	DIVISION OF VI	ITAL RECORD		ATE OF DEA		KE, MAN	(TLAND 21201	1487	6
1. DECEASED-NAME (Type or print)	First Benjamin	Middle F.	Gal	lost loway Jr		DATE OF	DEATH Month 26, Da	Y 1968°°	2b. HOUR 8:151
3. SEX	4. RACE			S. DATE OF BIRTH			6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR
Male	Caucas			May 18,	1912		lost birthday) YRS.	MUNITIS DATS	INDUKS MIR
7o. BIRTHPLACE (Stote or focunity) North Cai 10. CITY OR TOWN OF DEAT Cheverly 13o. USUAL RESIDENCE (Whodmission) STATE	rolina U. S	OF HOSPITAL OR et address)	WIDOWED [INSTITUTION (If no Gen 1 H	t in haspital 12 dur ospital 13d INSIG	L USUAL OCCION MASS OF CITY LIMITS?	working I	George solution (Kind of wark dane life, even if retired.) REET AND NUMBER		BUSINESS OR Sales
Maryland	Prince Ge	eorge's	Hyatts		- X	580	0 15th Pl	ace	
Benjamin	n F. Galloway,	Sr.	15.	MOTHER'S MAIDEN N Ella Mo			Middle		Lost
16a. WAS DECEASED EVER I Yes, na. or unknawn) No	N U.S. ARMED FORCES? (If yes give war or dates af service)	b. SOCIAL SECURIT		FORMANT ackson Fur	neral	Home	Address , Henders	nville	N. C.
PART I. DEATH V 199 Conditions, if any, wh	IMMEDIATE CAUSE (a)	Hypo (leurica	EING NA -	LUNG	Pr	iman - Skir	BFTWEEN C	MATE INTERVAL DISET AND DEATH
rise to immediate co stating the underlying last.	ng couse (a), DUE TO, OR AS A	consequence of	Malne	Knilion (18 (imay - skir		
11797	FICANT CONDITIONS CONTRIBUTION								
190. DATE OF OPERATION	ON 19b. CONDITION FOR WHICH	OPERATION WAS	PERFORMED	20a. AUTOPSY?	WXX OV		YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN C	ERTIFYING
OR CONTRIBUTING C	AUSE OF DEATH HOUR A.M. In Call examiner)	Manth Day Ye	ar 19	N INJURY OCCURRED	(Enter natu	re of injury	y in Part 1 ar Part 2,	Item 18.)	
₹ 21d. INJURY OCCURRE While Nat while		HOME, FARM, STREET, ICE BUILDING, ETC.	FACTORY.) 21f. LOC	ATION Street ar R.F.	.D. No.	City	ar Tawn	County	State

director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and seapletely filled in the second of the second second of the second second of the second secon OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be Page 4 may be retoined by the hospital or ottending physicion.

vithin 24 hours after

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empletely filled in by the

220. I certify that (this haspital) attended the deceased from saw the deceased alive on Oct. 26, 1968, saw the deceased alive on Oct. 26 1968, and that in (ang.) (our) apinian death occurred on the date and haur and from the couses stated above, (1) (we) (did total view the bady after death. 22b. SIGNATURE davin

23b. DATE

Nov.

DEGREE

Laurel Hill Cemetery

23c. NAME OF CEMETERY OR CREMATORY

9/22/68

22e. ADDRESS

ATTENDING PHYS. MED. DIRECTOR

STAFF PHYS.

22c. DATE SIGNED Oct. 28, 1968

26, 1968

22d. PHYSICIAN'S NAME (Type)

P. C. Xavier, M. D.

1, 1968

Prince Geo. Gen'l Hospital, Cheverly, Md

DATE

23d. LOCATION (City or Town)

1968

(County)

(State) Candler, North Carolina

23a. BURIAL, CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR

21229 ADDRESS Howard H. Hubbard 4107 Wilkens Ave. Balto.

2So. REC'D BY REGISTRAR OCT 29 2Sb. REGISTRAR'S SIGNATURE

O HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14868 14877 CERTIFICATE OF DEATH 1. DECEASED-NAME First 2g. DATE:OF DEATH 2b. HOUR 24 hours after death (Type or print) Month S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. burial-tronsit permit. Then plaase remove corbon popers. Pages burial, cremation, or removal, and in ony event, within 72 hours aftel completely filled in by the footes corbon popers. Poges last buthay) PRIL 2 MONTHS DAYS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED INCE WIDOWED I DIVORCED [10. CUPYOOR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within give street address 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 14 FATHER'S NAME Middle Middle Last 1S. MOTHER'S MAIDEN NAME Lost physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) permit. Then requires that the death certi-APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p the Conditions, if any, which gove ; rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying cause. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🗍 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark TENDING 220. I certify that (I) (this hospital) attended the deceased from Sept (the 1968, 1968, to Oct 14th, 1968, that (I) (we) last saw the deceased alive an Sept 16th 1968, and that in (my) (our) opinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 3 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 23a BURIAL, CREMATION

ADDRESS

Md. 20810

2Sb. REGISTRAR'S SIGNATURE

BY REGISTRAR

1968

VR A15 (4) 30M REV, 1/68 FUNERAL DIRECTOR

Laurel Funeral Home, Laurel.

THE COUNTY STREET, THE PARTY OF 14617 STRUCKS TO LARGE TO the state of the state of the state of Market Salahan

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This certificate should be executed within 24 hou

necessory, pleose execute the certificate, writing the word "pending" in pencil in Iten

DICAL EXAMINER:

TO DEPUTY

18 Give Poges 1, 2, and 3 To

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14869

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with the State Department.

Heolth prior to burial, cremation, or removal, and in any event within 72 hours ofter death. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Off 5 may be retoined for your files.

VR A15ME (5) 1DM REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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144		ECEASED-NAME Type or Print)	First		Midd	dle		Last			2a. DATE KNOWN Manth	Day Yeor	2b. HOUR
	1,	type of ritilly	Isac	dor	Rav		Gi	bson			DEATH MATED 10-29	9-68 19 3	3 : 00am
	3. SE	X	4. RACE	S. DATE OF BIR	RTH	6. AGE (in year	s IF UND	ER 1 YEAR	IF UNDER		2c. DATE PRONOUNCED DEAD		2d. HOUR
		Male	White	12-21-	1000	fast birthday)	RS. MONTHS	DAYS	HOURS	MIN.	Month 2004	68 19 3:	072m 4
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16				sed lived, if institu					d. INSIDE CITY		13e. STREET AND NUMBER		
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			Samue.	l Gibson							Catherine B Warr	ier	
- 1	160.	WAS DECEASED EV	ER IN U.S. ARMED	FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFOR	MANT			ADDRESS		
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			DEATH (February	l.,	1 1 1	and (a))						APPRDXIMAT	E INTERVAL
13	-		EATH WAS CAUSE	ly one cause per li D BY:	erebro		7 000	Juni	222			BETWEEN ONSE	T AND DEATH
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534		stating the ur	derlying couse	DUE TO, OR	AS A CONSEQUI	ENCE OF						10000	
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		PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH B	UT NOT RELATE	D TO THE T	ERMINAL D	ISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)		
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	(110	190. DATE OF C	PERATION		19b. CONDITION	FOR WHICH C	PERATION					20. AUTOPS	Y?
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		PRIMARY 0	R CONTRIBUTING [HOUR A.	M	19			(=			,	
	MEDICAL	CAUSE OF DEAT 21d. INJURY OC		P. PLACE OF INJURY (.,	DIE LOCAT	ION Street	DED No		City or Town	County	State
	~		1	ctory, office building		sireei,	ZII, LUCAI	ION SITEEL	or K.F.D. No		City of Town	County	21016
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X		22a. I	certify that I t	aak charge af t	he remoins d	escribed abo	ve, held o	n Auto	psy,	Ins	spection 🔼, Inquiry 🔲	and in m	ny opinian
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d		NAME (Type)	John Ke	ehoe MD	River	rdale.	Md.				own, or county)		
	23a	BURIAL, CREMA		DATE		ME OF CEMETE	-	RATORY		234	. LOCATION (City or Town)	(County) (S	Stote)
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VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	I. DECEASED-NAM			Middle		Last				Manth D	ay Yeor	2b. HOUR
	(Type ar Print	Darl	ene	M.	0	oldsbor	ough		OF ESTI-	10-27	-68 194	: 15amm
	3. SEX	4. RACE	S. DATE OF BIRTH	6.	AGE (In years	IF UNDER 1 YEA	R IF UNDER		2c. DATE PRONOUNCED D			2d. HOUR
	Female	White	4-11-19	64 1	last birthday) YR	MONTHS DA	S HOURS	MIN	Month 2	24	68 194:	15am M
F	70. BIRTHPLACE		b. CITIZEN OF WHAT			ARRIED NEVER	MARRIED -	9. COU	NTY OF DEATH			
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	10. CITY OR TOW	NOF DEATH			R INSTITUTIO	ON (If not in has		USUAL OC	CUPATION (Kind of work	done 12	b. KIND OF BU	SINESS OR
+	Chever	rlv	give str	eet oddress) nce Geo:	rge Ho	spital	durin	g mast at	f warking life, even if re	tired.) IN	DUSTRY	
1	13o. USUAL RESI	DENCE (Where decease	d lived, if institution	on: Residence be	fore 13c. CIT	Y OR TOWN	13d. INSIDE CITY		13e. STREET AND NUMBE	R		
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1	14. FATHER'S NAM	AE First	Middle	1 1 1	ast	IS. MOTHER'S	MAIDEN NAME	First	Middl	e	Los	st
	Poder	f. I	. Hold	sbown	h-	Wi	llie	2	2.	2/me	n a 1 ×	_
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	(Yes, no, or un	(If yes give w	or or dates of service)	none		asish o	I. Hor	lest	ownsh 4608.	Leur	+ ave.	Langery.
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	PART	I. DEATH WAS CAUSED	BY: E CAUSE (a) Se	pticemia	1							
1	890) X				udomona	s infe	ction	n	14-1		1
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		mediate cause (a), (e underlying couse		S A CONSEQUENC								
ť	last.		(c)									
	PART 2. OT	HER SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN IN PART 1(o)			
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0	PRIMARY CAUSE OF	OR CONTRIBUTING DEATH	12:35	9-23-	1968	Burned v	then cl	lothi	ing caught i	fire :	from st	ove.
SL.			ACE OF INJURY (At ory, office building,	home form stre		21f. LOCATION St			City or Town		County	Stote
6	AT WORK	NOT WHILE AT WORK	Home	eic.)	3.00	same	as #13					
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)	EXAMINE	/ //	/		./	*	DEPUTY MEDIC	AL EXAMI	NER 📑	10-2	8-68	
	NAME (T	pe) John Keh	oe MD	Riverda	le. Mo		ADDRESS(Stree	t, city, to	wn, or county)	Jan B. N		
	23a BURIAL (R REMOVAL (EMATION, 23b. I	DATE			Y OR CREMATOR	1	23d.	LOCATION (City or Town)) (0	county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			LEGIFICATE OF DEATH	
‡ - ‡	÷.		EASED-NAME First Middle Last 20. DATE OF DEATH 2b. HC)UR
r death.	qea	(1	pe or print) CHARLOTTE A. GORMAN OCT Month 5 Day 1968 27	
ofter the fur	s after	3. SE	FEMALE 4. RACE S. DATE OF BIRTH 6. AGE (In yeors lif UNDER 14 HOURS WHITE S. DATE OF BIRTH 6. AGE (In yeors last birthdoy) MONTHS DAYS HOURS 3.3 YRS.	MI
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within son fills	M 74		Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS O When the street oddress) Prince Georges 12c. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) INDUSTRY	IR
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ie death cert attending pl permit. Ther	remov		IB. CAUSE OF DEATH (Enter anly ane couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ETASTATIC CARCINOMA APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
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CIAN: ital or rificate d for us	of Heoli	MEDICAL CER	10. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) 10. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19	
PHYSI he hosp this cer etoched	Dept.	MEI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City at Tawn Caunty States at While of Work of Work	
ed by the After ald be d	he State		22a. I certify that (I) (this hospital) attended the deceased from SEPT, 1967, to OCT, 1968, that (I) (we) saw the deceased alive an OCT, 1968, and that in (my) (our) apinian death accurred an the date and haur and from causes stated abave, (I) (we) (did) (did nat) view the bady after death.) lo
OR ATTI be retoin NIRECTOR e 3 shou	i with		226. SIGNATURE Noman K Behrer MD DEGREE PHYS. MED. STAFF DIRECTOR PHYS. DOCT 5, 1968	
	be filed		121d. PHYSICIAN'S NAME (Type) NORMAN K. ROHRER M.D. BOWIE MARYLAND	
Poge 4 To FUNI directo	phoe R		BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) MARY LAND	
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Health priar ta burial, cremation, or removal, and in any event within 72 hours after death.

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages

VR A15ME (5) 10M REV. 1/68

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This certificate shauld be executed within 24 hours after death

necessary, please execute the certificate, writing the word "pending" in pencil in transfer the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office all

DICAL EXAMINER:

TO DEPUTY

Give Pages 1, 2, and 3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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cauri	M. Ger.	Md.	U.S.	A.	V	IDOWED 5	E DIVOR	RCED 🔲	Pri	nce George's		Mo
10. 0	ITY OR TOWN O	F DEATH	11. N	AME OF HOSPITA	L OR INSTITUT	ION (If not	in hospital		SUAL O	CUPATION (Kind of work dane	12b. KIND OF BU	USINESS OR
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	ATHER'S NAME	First	Middle		Last	15. MO	THER'S MAID	EN NAME	First	Middle	Lr.	ost
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	PRIMARY 0	R CONTRIBUTING	HOUR A	M.	19					no ar injuly in tour 1 of fair 2, in	om 10.,	
MEDICAL	CAUSE OF DEAT 21d. INJURY OC		PLACE OF INJURY (M. At home farm		21f LOCAT	ION Street o	r P F D No		City or Town	County	State
	WHILE N	or wuis fo	octory, office building		311661,	J. LOCAT	TON SHEET O	1 K.1 .D. 110	•	City of Town	cuomy	31016
A	AT WORK					1 11		Lane -		. (99)		
			taak charge af t					,		spection X, Inquiry		my opinion
Н	death re	sulted from:	Notorol gau	ses A	ccident 🔲	, Suicid	e	Homicio	le	Undetermined manner		
	ACTUAL	//	V. 10	la	1		CHIE	MEDICAL	EXAMIN			
	SIGNATURE _	10	WIL				IVI.D.	TANT MED			SIGNED 0-24-68	
	EXAMINER'S	0/1		D. /.							1-24-08	
000	NAME (Type)		hoe MD	Riverd				(52)(2)(66)		wn, or county)		
230.	RIMOVAL (Spec		0 11	1 11	AME OF CEMET	0	11 412	1.	1	LOCATION (City or Town)	1)/	(State)
-/-	Jurias	2/ /1)-26-6	8 1100	150 of	Traye		Cen		Tranagioine, 1	17.0e0.	00111.
24.	EUNERAL DIRECT	9K	21	11	ADDRESS		200/1	2Sa. REC'I		The second second second second second		
	11/1/11/	OXX C	1. 44/11/	a co	KUL	001.1	1111.	DATO	T 2 (0 1000 000	Ca O de	-700

18861						POTA
11.150-0-			n overs	5.0000		
Male Ea 1				-1 0178	25(63)	
	aprincib applied MASS					
						4 75
			atom course l			
			With all the soul on	a Section 1	bed level	
						F. San
			T.H. STEELEN			
Colmers.			With Stabiles			
W. Talair	nesalta danes el de					
	Misanto danon sidu					
		la como bres de .				

14873

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE	OF DEATH

14882

- 6										
		CEASED-NAME ype or print)	First	Middle		Last	2a. D	ATE OF DEATH Manth Do	y Yeor	2b. HOUR
-	s. SE)	1/1	eresau 14. RACE	Fi	Ori	DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
1). SE/	La		m ()	,	2-11-10	00	lost birthday)	MONTHS DAYS	HOURS MIN.
1	a. B	IRTHPLACE (State or foreig	n 7b. CITIZEN OF WH		8. MAPPIED	NEVER MARRIED	9. COUN	ITY OF DEATH		
	72		d. TIS	, A,	WIDOWED		P	ince Gen	rae.s	Md.
	0. CI	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR II	NSTITUTION (If not	in hospitol 12a. US	UAL OCCU	PATION (Kind of work done		BUSINESS OR
0	I	Ipper Mar	boro	reet oddress)		50	2000	orking life, even if retired.) Teacher	INDUSTRI	
		USUAL RESIDENCE (Where ssion) STATE	deceosed lived, if institution		13c. CITY OR T		NO D	13e. STREET AND NUMBER	-0	
,	A E	ATHER'S NAME First	Middle	r. Geo.	Lipper I	MOTHER'S MAIDEN NAME		Middle	0	Lost
	[4. F	E 1	Pale	FOSI	13.	SULVE E	35044	r on		LUSI
ł		WAS DECEASED EVER IN U.		16b. SOCIAL SECURITY	Y NO. 17. INF	ORMANT	rqu	Address		
	Y	es, no, or unknown) (If y	es give war or dates of service)		71/2	2. 4. Griffi	th -	Same as	: abou	ve
Ī			nter anly one couse per line	exfar (a), (b), and (t).) O	0 0	1_	ſ		IMATE INTERVAL ONSET AND DEATH
		PART 1. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	Musi	andia	Jany/	anc	my x		
		4109	' /	A CONSEQUENCE O	Fn 1 1	2 1	1	.0.	-	1-1
		Conditions, if ony, which rise to immediate couse	(a) (b) V	rteribsc	lecots 1	and ovabo	call	y Wiscare	. 5	p.,
1		stating the underlying c	0026	S A CONSEQUENCE O	ŀ				4	
			(c) NT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OF	R CONDITIO	N GIVEN IN PART 1(a)		7.68
	2	4201								
	CERTIFICATION	19o. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS F	PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN C	ERTIFYING
X	RTIF		EDIVINO Ton		Tax man	YES NO	_		1. 101	
1		21o. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSE	OF DEATH HOUR A.M.	Manth Day Yea		A INJOKA OCCORRED (Fu	ter nature	af injury in Port 1 or Part 2,	Item 18.)	
	MEDICAL	(If either, notify medicol 21d. INJURY OCCURRED	exominer) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, I	19 21£ LOC	ATION Street or R.F.D. N	No.	City or Town	County	State
		While Not while at wark	Zie. Piace of insort	OFFICE BUILDING, ETC.	211. 200	Allow Sheet of Kirib.	10.	city of fown	coomy	3.4.0
			l) (this haspital) atte	nded the decea			63,			
		saw the deceas	sed alive an abave, (I) (we) (did) (0/14	19.60, and	that in (m/y) (aur) a	pinian d	eath accurred on the de	ate and hour	and fram the
		22b. SIGNATURE	ibave, (i) (we) (ola) (alornar) view in	e bady after de			22c.	DATE SIØNED	1
		() ()	K H	m -	A D DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF	0/26	168
		22d. PHYSICIAN'S NAME (Type)	al Wall	/	11 0	22e. ADDRESS	4 -	1. L Y	sh 11'	ml
	,	П	Clark Ho	Imes 1	MID.	14806 Pra	TT J	Treet Uppor 1.	larlbor	0,11191
	23o.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME O	F CEMETERY OR C	REMATORY	23d.	LOCATION (City of Town)	(County)	(State)
	24.	FUNERAL DIRECTOR	10-20-68	ADDRE:	artilet C	2So. REC'D	BY RESIS	TRAR 2Sb. REGISTRAR'S	SIGNATURE	erina.
)		Martall.	adami	/-	1111 /	MA DATE NI	,	4	arla la	udal

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Kand 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. death. certificate be executed within 24 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68 The second state of the se

completely filled in by the funeral nave carbon papers. Pages 1 and 2 by event, within 72 hour, after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

14874

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14883

	SED NAME	First		Middle	_	Last	2a. DATE O				2b. HOUR
(Type	ar print)	au	10		(bri	2.11.22		Month	Day	Year	N
3. SEX			4. RACE		S	. DATE OF BIRTH	19	6. AGE (In year:		ER I YEAR	IF UNDER 24 HRS.
	Formal		1	11		10-31-	PR	last birthday)	YRS. MONTHS	DAYS	HOURS MIN.
7a. BIRT	HPLACE (State or f	oreign [7b. CITIZEN OF WH	IAT COUNTRY?	8. MADDIED		9. COUNTY O	F DEATH	11(3.		
country)				SA	WIDOWED-		Prin	- C	eara	^	M
10 CITY	OR TOWN OF DEAT	Н		AME OF HOSPITAL OR IN	L-3			N (Kind of wark of			BUSINESS OR
Fo	idesm	112	give	street address) Ro	dentina	Slug homoduring me	ast of working	g life, even if retir	ed.) IND	USTRY	HOME
	JAL RESIDENCE (WI in) STATE M		d lived, it institut 13b. COUNTY	ian: Residence befare PG	Marlow			TREET AND NUMBER 35 23 PL	ace		
14. FATH		rst PER BF	Middle ROWNLEE	Last	15.	MOTHER'S MAIDEN NAME F	irst UNKNO	Midd WN	lle		Last
	AS DECEASED EVER		D FORCES? or or dates of service)	16b. SOCIAL SECURITY UNKNOWN	NO. 17. INF	ORMANT ra Comerfor	d, sam	e as #13	, (Dau	ghte	er)
18.	CAUSE OF DEATH	(Enter anly	ane cause per li	ne far (a), (b), and (c)	.)	1-1-1		. >			MATÉ INTERVAL ONSET AND OEATH
	PAKI I. DEAIH V		E CAUSE (a)	Cour	auf.	Much	Lare	1 .			
	4109		DUE TO, OR	AS A CONSEQUENCE OF	1		No. 18		- 3		
	nditions, if any, w e to immediate c		(b)								
	ating the underlyi		DUE TO, OR A	AS A CONSEQUENCE OF							
las	st.)	(c)								
PA	ART 2. OTHER SIGNI	FICANT COND	OITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR C	ONDITION GIV	EN IN PART I(a)			
= 4	201						177.75				
CERTIFICATION 210	DATE OF OPERATION	ON 19b. C	ONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES NO		IF YES, WERE FINDI ES OF DEATH?	NGS CONSIDER	RED IN CI	ERTIFYING
	a. ACCIDENT WAS					INJURY OCCURRED (Enter	r nature af inj	jury in Part 1 or Pa	ort 2, Item 18	1.)	
	or contributing [] either, natify med			Manth Day Year	9						
~ /	d. INJURY OCCURR hile Nat while wark	FD 2le F	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ACTORY.) 21f. LOC	ATION Street ar R.F.D. No.	. Cit	ly ar Tawn	Caur	nty	State
			- hospital offi	ended the deceos	ed from	. 19	, to		. 19	, thot	(I) (we) las
1	saw the de	ceased ali	ve on		19, ond	that in (my) (our) opi		occurred on th	ne dote on	haur	and from th
	couses stot	ed above,	(I) (we) (did)	(did not) view the	body after de	oth.	Kly	une s	use	1	
22	b. SIGNATURE		77/	1 1	RI	ATTENDING W	AFRY	STAFF	22c. DATE SI		10
	/) _ N	11	mul	leous V	DEGREE	PHYS. D	IRECTOR L	PHYS.	10	7.0	0-68
22	d. PHYSICIAN'S NAME (Type)). H.	Thi	BADE	AU.	22e. ADDRESS 3 / / 2.	AlA	AVE	SE	-	
23a. BL	JRIAL, CREMATION,	23b. D.	ATE 0-25-68		CEMETERY OR C		23d. LOCAT PECK	NON (City or Town)	ENNA (Cau	inty)	(State)
				1 Home ADDRESS		2So. REC'D B	REGISTRAR 2 8 1	2Sb. REGIST	RAR'S SIGNAT		
431	US Suitl	and Ro	SE. S	uitland. N	larviano	DATE	40	968 00	Lange	a Vee	dall

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove coron pagests shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72.25. VR A15 |4| 30M REV. 1/68

English Land of the carrier, carried with the center and the state of the state of the 3 W. Lubuchun M. D. 2) - Emmusehald - Manum hu Took 68 - Hour signed centificato in aluncie

FOR STATE

HEALTH DEPT

, delay is and 3 to P.M3. 24 haurs after death

in pencil in Item.

To DIDTUDIACE (State or foreign

I and 2 with the State Depar after death. haurs bages within 72 a burial-transit permit. File any event .⊆ and OS remaval, 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be Health priar to burial, cremation, ar

should be farwarded to the Chief Medical Examiner's

This certificate shauld be executed within

DICAL EXAMINER:

please execute the certificate, writing the word "pending" Page VR A15ME [5] MARYLAND STATE DEPARTMENT OF HEALTH

4	1.	01	75	DIVISION OF	VITAL RECORDS, 30	DI W. PRESTON	STREET, BAL	TIMORE, MARYLANI
1	4	0	75		MAEDICAL EVA	RAINIED'S CE	DTIELCATE	OF DEATH

		MEDICAL	EVAMILIAEK 2 CE	KIILICALE	OF DEATH		140	104	
(Type or Print)	First		Middle	Lost		20. DATE KNOWN	Manth Doy	Year	2b. HOUR
(Type of Chilly	Walter	r	D	Haight		DEATH MATED	10-3-68	19 4	30am
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR		2c. DATE PRONOUNCED	DEAD		2d. HOUR
Male	White	1,_11_1899	last birthday)	MONTHS DAYS	HOURS MIN.	Manth	Day Sea	19 5 - 7	72m 4

21201

	OF WHAT COUNTRY!	O. MAKKIED K MEAE	K MAKKIEU 7.	COUNTY OF DEATH	
Washington.D.C.	J.S.A.	WIDOWED [DIVORCED [Prince George's	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hos	pital 12a. USUA	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS
Cheverly	give street address) Prince George	e Hospital	during ma	st of working life, even if retired.)	Newspaper
130. USUAL RESIDENCE (Where deceased lived, if	institution: Residence before	e 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS	13e. STREET AND NUMBER	-/4/-1-7-7-7
admission STATE 10	NIY S	Twen Sprin	YES NO T	7 2009 Oshormo	Drive

1101 9 1011	i Ci	TIOTIOGOMOLY	041 401	DP1 1110	_ 200	/ 0000111 2	1210
14. FATHER'S NAME	First	Middle	Last	IS. MOTHER'S MAIDEN NAME	First	Middle	Lost
	Joe		Haight		Phoebe		Sneeden

16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, no ar unknown) Florence E. Haight, Wife, same

PART I. DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a) Coronary artery occlusion	
Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	
rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19g. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	LOO ALITOPSYS
	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES NO

CERTIFICATION 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M

CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County

WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remoins described above, held an Autapsy 🔀 Inspection [X] Inquiry and in my apinian

death resulted fram: Natural causes Hamicide Undetermined manner Suicide

CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-3-68

DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. NAME (Type) John Kehoe MD ADDRESS(Street, city, tawn, ar county)

BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Tawn) Burial (Specify) 10-7-1968 Parklawn Cemetery Rockville.

Montgomery. 24 JUSE PHOTOGRAVIER'S SONS, Inc., 5138 Wisc. Ave. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Waskington. D.C., 20016

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

1968 DATE OCT

(County)

OR

State

(Stote)

APPROXIMATE INTERVAL

SETWEEN ONSET AND DEATH

				ct	
Min deminat a light of	and the Late	1	redita		
rango en la			Carlo Contra		
n'e amier encles					
	Total	merch care		- Inevent	
	and the sales of	ALLS Propel		ally are de-	1
Liver and the state			10 H + 172p	erecular production of the second	
L emperinario	min thirth and percent of	orth graden word			
	A DESCRIPTION OF THE PERSON OF				

executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certiff

Page 4 may be retained by the haspital ar attending physician.

14876

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION (OI W. PRESTON STREET, BAI ERTIFICATE OF DEATH		/LAND 2120		14885	,		
First icily	Middle Ball	Lost Haley	2o. DATE OF D	Manth	Day	Year		2b. HOU	
4. RACE	Tring to	S. DATE OF BIRTH		ober 6. AGE (In years last birthday)	2	IF UNDER 1 YEAR MONTHS DAYS		2:3 UNDER 24 I	Н

	ECEASED-NAME	First		Middle		Lost		20. DATE OF		.,	2b. HOUR		
(Type ar print)	Cicily		Ball	H	aley		00	tober 5	1968	2:30		
3. SI	X	4	I. RACE			S. DATE OF	BIRTH		6. AGE (In years	IF UNCER I YEAR	IF UNDER 24 HRS.		
	Femal	e		White		July	4, 1879		last birthdoy) 90 YRS.	MONTHS DAYS	HOURS MIN		
	BIRTHPLACE (State a	r fareign 7b.	CITIZEN OF W	HAT COUNTRY?	B. MARRIED	NEVER MA		COUNTY OF					
caul	ntry) Englai	nd U	nited	States	WIDOWED	_	ORCED 🗌	Princ	e George		M		
10. (CITY OR TOWN OF DI		11 N	AME OF HOSPITAL OF INST	TTUTION (If n	ot in hospitol	12a. USUAL	OCCUPATION	(Kind af wark dane	12b. KIND OF	BUSINESS OR		
	Hyattsv:	ille	give	street address	d Hear	t Home	during mas	t of working usewit	life, even if retired.)	INDUSTRY	MME-		
13a.	USUAL RESIDENCE (Where deceased li	ved. It institu	tian: Residence betare 1	13c CHY OR	IOWN	13d. INSIDE CITY LIMIT		TREET AND NUMBER		0,10		
odm	ission) STATE Ma:	ryland	3b. COUNTY	nne Arunde	Annar	olis	AR2 MO[□ 96	Gloucester				
	FATHER'S NAME	First	Middle	Lost	15	. MOTHER'S	MAIDEN NAME Firs	t	Middle		Last		
	(George		Ball			Ma	ary		Tayl	lor		
	. WAS DECEASED EVE			16b. SOCIAL SECURITY N	0. 17. 1	NFORMANT	1.4.5.71		Address				
,	res, na, ar unknawn) NO	(If yes give war or a	ores of service)	220-05-049	96 S	acred	Heart Ho	ome	Hyattsvil	le, Mar	rvland		
	1B. CAUSE OF DEA	ATH (Enter only a	ne couse per l	ine for (o), (b), ond (c).)		0	, , ,			APPROX	IMATE INTERVAL ONSET AND DEATH		
		I WAS CAUSED BY		15th	-	There.	t duck	-al el	Compacture Vi	1	de		
	4120		7										
	Canditions, if ony,	which gave }	(1.)	AS A CONSEQUENCE OF	2-/.,	1.	Hearlo	LA SIL	-	.5	Meal		
	rise to immediate		DUE TO, OR	AS A CONSEQUENCE OF	- Lotte to	propries.			R. H. Olikani		1		
	lost.	lying couse	(c)										
	PART 2. OTHER SIG	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
7	4200		7/10/10										
CERTIFICATION	19a. DATE OF OPERA	TION 19b. CON	DITION FOR WI	HICH OPERATION WAS PER	FORMED	20o. AU	TOPSY?		F YES, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING		
TIFIC						YES	NO 🗆	CAUSE	S OF DEATH?				
-	21a. ACCIDENT WA		21b. TIME C		21c. H	OW INJURY O	CCURRED (Enter n	nature af inju	ery in Part 1 ar Port 2,	Item 1B.)			
MEDICAL	OR CONTRIBUTING [HOUR A.M.										
MED	214 MILIDY OCCU	DDED TOLO DIA		/ AT HOME, FARM, STREET, FACT	ORY,) 21f. LO	CATION Str	eet or R.F.D. Na.	City	r ar Town	County	Stote		
	While Not whi	le		OFFICE BUILDING, ETC.	1	4			, = 7				
	22a. I certify	that (1) (this h	aspital) att	tended the decease	d fram	lang 2	1961		2015 , 19.	God , that	(I) (we) la		
	saw the c	leceased alive	an Ox	1 3 - 19	61, an	d that in (i	my) (aur) apini	ian death	accurred an the do	te and haur	and fram th		
		ated abave, (I	(we) (did)	(did nat) view the b	ady atter	death.							
	22b. SIGNATURE		7 (1	Marin		ATTEND			STAFF	DATE SIGNED			
		1-127/20 1	-		DEGR	11113.		ECTOR \Box	PHYS.				
	22d. PHYSICIAN'S NAME (Type)	7/1/	BMAS	F. COL	1115	22e. Al	352.	f	SINE				
22.5	BURIAL, CREMATION	23b, DATE		23c. NAME OF C	EMETEDY, OD	CDEMATORY	1 1.1	234 ADCATH	ON (City or Town)	(County)	(Stare)		
R	REMOVAL (Specify)	,	7-68	La Comme of C	INCIEK OK	KEMIATOK	011	6h1	This Tour	(county)	16		
24	FUNERAL DIRECTOR	110-6	190	ADDRESS	GIOR	10	2So. REC'D BY		2%. REGISTRAR'S	SIGNATURE	Vac.		
1	when Mi	1. Jan /2	o Ane	1 (hunos	506	Md	DATE OCT			melas le	. 100		
118	N-1	1/////	· AN	/ - /	9		I DAIL UU		IVIUI A	- / T.J.	THE PARTY.		

1968

OCT

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers—Bages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 18 haurs after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14886 14877 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF requires that the death certificate be executed within 24 haurs after death. (Type or print) ANNIE 3. SEX AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS campletely filled in by the lost 🌬 MONTHS DAYS HDURS 7a. BIRTHPLACE (State or foreign COUNTY OF DEATH within 72 hav 8. MARRIED country) papers. DIVORCED 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR ing most of working life, even if retired.) TNDUSTRY carban 130. USUAL RESIDENCE (Where de eosed lived, if institution event, admission) STATE 13b. COUNTY any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First and in please physician 16D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na, or unknown) (If yes give war or dates of service) remayal, en attending p 18. CAUSE OF DEATH (Enter only one cause per line BETWEEN DISSET AND DEATH PART I. DEATH WAS CAUSED BY permit. 5 **IMMEDIATE CAUSE** crematian, the Canditions, if any, which gave burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION attending p priar ta ! has been as the CERTIFICATION 19a. DATE OF OPERATION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 USe O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) far the haspital DR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Doy Yeor af (If either, notify medical examiner) P.M. detached Dept. (AT HDME, FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street ar R.F.D. No. State City or Town County OFFICE BUILDING, ETC While Not while at work at work State ATTENDING 22a. I certify that (I) (this haspital) and that in (my) (ser) apinian death accurred on the date and haur and fram the saw the deceased alive be retained shauld (we) (did) (did not) view the bady after death. causes stated above. with 22b, SIGNAT 22c. DATE ATTENDING STAFF filed PHYS. DIRECTOR PHYS. r, page be filed TO HOSPITAL Page 4 may b 22d., PHYSICIAN'S NAME (Type) director, shauld b 23b. DATE BURIAL, CREMATION BEMOVAL (Specify) 23d. ATION (City or Town) (County (State) FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)

30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

FANNIE LAMPTON COT 25 CECP To the plant for most that wat Honorn Filling when 3 pour Coebral Terantonio Couled Orlain raboris, adu-Filow peloste Hent Diesel Betz5 686218 68 68 25 68 Without he he college But Mit Mer 1968 1979 1988 8 2 130 ...

FOR STATE HEALTH DEPT. a tem 18. Give Pages 1, 2, and 3 to 5 Office along with the contract of the co

PM3. Page

de along with farm

5 may be retained for your files. the funeral director. Page 4 shauld be farwarded ta the Chief Medical Exam 5 may be retained far yaur files.

DICAL EXAMINER: This certificate shauld be executed within

TO DEPUTY

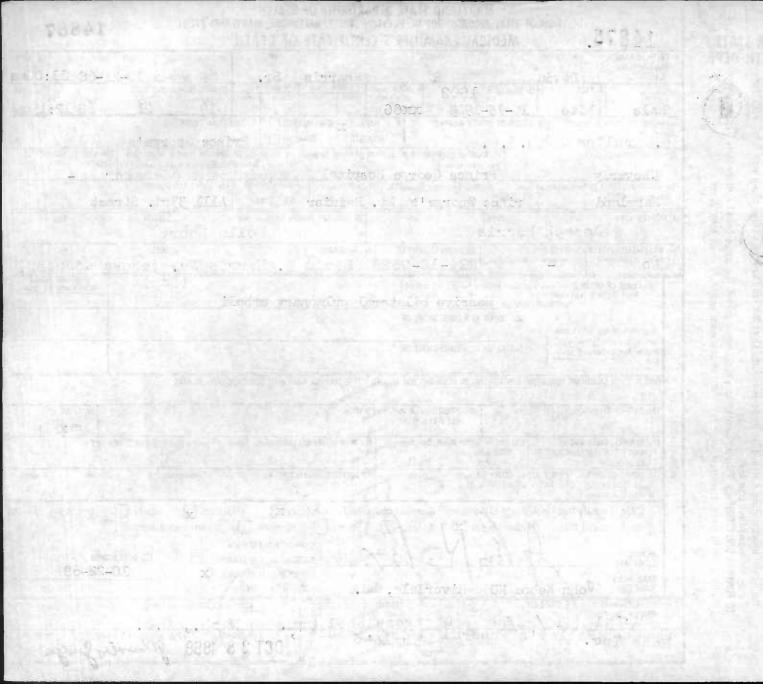
necessary, please execute the certificate, writing the word "pending" in peny

Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

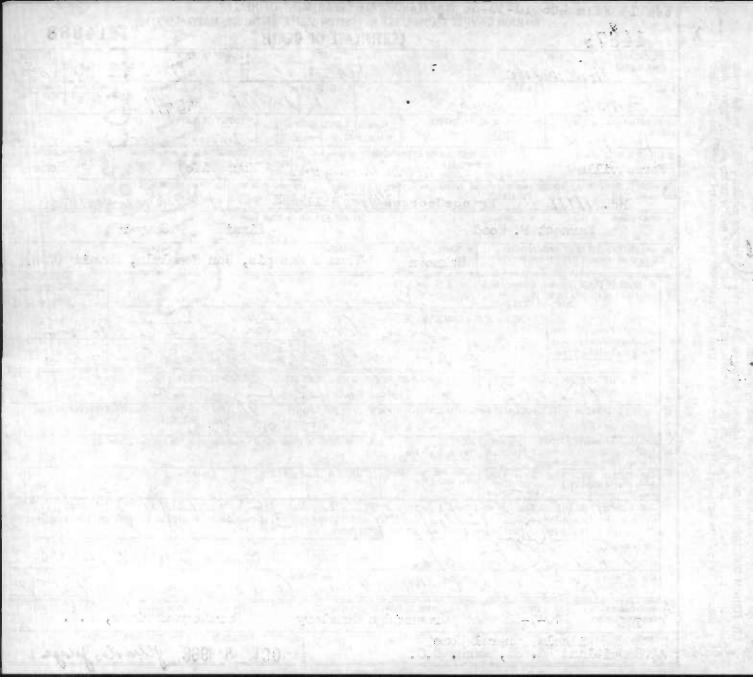
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14878

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASE (Type or		First	SWY SET	Mid	dle	Lo	st				KNOWN ESTI-	Month	Doy	Yeor	2b. HOUR
(Type of	1 (1)	David		R		Harr	is	Sr.			MATED [£ 10-	-21-68	19]]	:00am
3. SEX	4. R		S. DATE OF BIR	11902	6. AGE (In years			OURS 1	4 HRS.		PRONOUNC				2d. HOUR
Mal	e W	nite	10-15-		262566 YE		MIS IN	UUKS	min.	Mont 10	th	24	68	9912	:15pm
7a. BIRTHP	LACE (Stote or 1	oreign 7b	CITIZEN OF WHA			ARRIED NEV	R MARRIET		9. COU	NTY OF D	EATH				
country)	arolir	na.	U.S.A.		WI	DOWED 🗌	DIVORCED		Pr	ince	Geor	ge !s			Mo
10. CITY OR	TOWN OF DEA	TH	11. NA	ME OF HOSPITA	AL OR INSTITUTIO	ON (If not in ho			SUAL OC	CUPATION	(Kind of v	vork done			INESS DR
Ch	everlv		give s Pr	treet oddress)	orge H	ospital		Eau	most of	working	life, even i	retired.)	INDUSTRY	4	
		Vhere deceosed	lived, if institu	tion: Residence	before 13c. (1)	Y OR TOWN	13d. INSI	IDE CITY LI	IMITS?	13e. STRE	ET AND TOU	MBER			
odibizzio	ryflahd		Prince	George	's Mt.	Raini	er YES	□ N	0 🔲	4111	1 33rd	d. St	treet		
14. FATHER		First	Middle		Lost	1S. MOTHER	S MAIDEN		First			Middle		Lost	
	J	oseph	Harris	3				I	el]	La H	enry				
160. WAS DI	ECEASED EVER IN			16b. SOCIAL SE		17. INFORMAN		100			ADDR	ESS			
(ser lo	or unknown)	(If yes give wo	r or dates af service)	224-1	2-9528	Dav	id R	. E	Harr	is	Jr.	(abo	ove a	ddr	ess)
18.	CAUSE OF DEA	TH (Enter only	one couse per li	ne for (o), (b),	ond (c).)	- 10	100	24.5			(80	n)		PROXIMATE	INTERVAL AND DEATH
		stine deligem :				al pul	nonar	v e	mbo]	li			Bette	ELIT GITSE?	AND DEATH
1	150	X IMPEDIAL		AS A CONSEQU								100	100		
	litions, if ony, v		(b)										188		
	to immediate		1 /	AS A CONSEQU	ENCE OF	71 1 1 3		100		100		3.7			TEA
last.	ng mo onden)	(4)										11 6		
PART	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)														
= 41	65 X											E e			
190.	DATE OF OPERA	TION			N FOR WHICH O	PERATION						200	20.	AUTOPSY	?
JEI				WAS PERI	ORMED?									YES 🔀	NO 🗌
	EXTERNAL CAUSI			INJURY Month,	Doy, Yeor	21c. HOW INJU	RY OCCURE	RED (Ent	ter notur	e of injur	y in Port 1	or Port 2,	, Item 1B.)		111/12
S PRIM	NARY OR CON SE OF DEATH	TRIBUTING [HOUR A.I		19	100									
- 210.1	NJURY OCCURR	1 .	CE OF INJURY (street,	21f. LOCATION	Street or R.F	F.D. No.		City	or Town	3 1	County		Stote
WH AT W	ORK AT WOR	ILE TOCTO	ry, office building	g, etc.)		200									
			k charge of the	e remoins d	escribed aba	ve. held an	Autopsy	[x].	Ins	pection		nguiry (, an	d in m	y opinion
	death results		Matural gays	/	ccident	Suicide [omicide			etermined	, , ,			,
	200111 1030111	/	//	K.	17	DOILIGO [CHIEF MI				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,			
	UAL	1	the	. 14	Kr	-	ASSISTAN			-		22b, DA	TE SIGNED		
	NATURE		1		1.1	M.D.	DEPUTY			_			10-22-	-68	
	MINER'S WE (Type) &	John Ke	hoe MD	River	rdale,	Md.				wn, or cou	inty)				
23o. BURI	AL. CREMATIDN.				AME OF CEMETER		RY		23d.	LDCATION	(City or T	own)	(County)	(S	itote)
REMO	OVAL (Specify)	1201	25/68	Co	ngress	ional	Cem		M	lash	D	0			
24. FUNER	RAL DIRECTOR T	Malley	's Fun	eral	ADDRESS IN L	Rain.	Lelizo	. REC'D	BY REG	ISTRAR	2Sb.		'S SIGNATURE		11-11-11
Hom	A THO				war y re	7.4.04	DAT	OC	128	8 196	80	Clo	res of	ndg	R



	. 1	te	m 13 Film	406 10-30	-68 MARYLAN	ND STATE D	EPARTMENT OF	HEALTH			
	3	(55)	14879	DIVISION O			STON STREET, BAI		IARYLAND 21201	1488	8
		1 00	CEASED-NAME	First	Middle	CERTIFICA	Last		OF DEATH		2b. HOUR
death.	43.1		- a law malash	uerite	Middle	14	AZAPIS	Zu. DATE	Manth Do	y Yeor	11 STA M
er deat funeral 1 and er deat		3. SE.		4. RACE		S	DATE OF BIRTH		6. AGE (In years		IF UNDER 24 HRS.
the tages	- B		Female	Ca	auc.		11-12.	- 91	last birthday) 76 787 YRS.	MONTHS DAYS	HOURS MIN.
in 24 haurs after filled in by the fur	\	7a. B caun	IRTHPLACE (State or foreign live) New York	TTCIA	WHAT COUNTRY?	B. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY		1905	Md.
executed within 24 haurs after death ind completely filled in by the funeral smove carban papers. Pages I and Sany event within 2 haurs after death	90		TY OR TOWN OF DEATH	11.	NAME OF HOSPITAL OR IN	ISTITUTION (If not ent Nurs		mpibelyself	ON (Kind af work done	12b. KIND OF B INDUSTRY	USINESS OR Home
executed was complete remove carb	16		USUAL RESIDENCE (Where ssion) STATE	deceased lived, if instit	tution: Residence before	13c SITY OR TO	HillsyES		STREET AND NUMBER	dview A	21.
	1	14. F	ATHER'S NAME First Ear:	nest F. We	Last		NOTHER'S MAIDEN NAME	First Lizzi	Middle Sawye:	r	Lost
13 - 12/20 .			WAS DECEASED EVER IN U.	S. ARMED FORCES? es give wor or dates of service)	Unknown	NO. 17. INF	ormant omas Hazap	is, Son	n Honolulu,	Hawaii	(USN)
that the death ian. by the attendin transit permit.			18. CAUSE OF DEATH (Er PART I. DEATH WAS 4 3 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CAUSED BY: MMEDIATE CAUSE (a) DUE TO, OI gove (b) (c), DUE TO OI	line for (o), (b), and fr	nev	monito Por Her	se ,	State	BETWEEN OM 300	ATE INTERVAL SET AND DEATH
law nding been s the		ATION	PART 2. OTHER SIGNIFICA 33/X 19a. DATE OF OPERATION	S.H.D.	BUTING TO DEATH BUT I	Theo	THE TERMINAL DISEASE OF THE TE	206	. IF YES, WERE FINDINGS	CONSIDERED IN CER	RTIFYING
The rattel	X	CERTIFICATION	ACCIDENT WAS TOND	FRIVING			YES NO		JSES OF DEATH?		
		MEDICAL C	21a. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medical	or DEATH HOUR A.M. P.M.	И.	r 19			injury in Part 1 or Part 2,	Item 1B.)	1
S PHYSICIAI the haspital this certific detached far		ME	21d. INJURY OCCURRED While Not while at wark	21e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCA	ATION Street or R.F.D.	No.	City ar Town	County	State
by State			22a. I certify that (saw the decea causes stated (sed aliveson	ttended the deceased) (die nat) view the	1495, and	that in (my) (our) a ath.	on, ta_ ipinian deat	h accurred an the d		
O HOSPITAL OR ATTENIED Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should he filed with the	H		22b. SIGNATURE	nd In	inefer	DEGREE	11110.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	60
FO HOSPITAL Page 4 may FO FUNERAL director, page	1		22d. PHYSICIAN'S NAME (Type)	ELVII	V C-IX	INCH	22e. ADDRESS	400	morlb	oro Fi	he of
TO HOSPIT Page 4 m TO FUNERA director, 1		E	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10-7-68		cemetery or corridge Ce			ation (City or Take) atoga: Sprin		(State)
VR A15 30M REV.	(4) 1/68	24. 4	funeral director Wil 308 Suitlan	helm Funer d Rd. SE,	al Home ADDRES Wash. D.C.	S	2So. REC'E	BY REGISTRAL		S SIGNATURE	ue.



FOR STATE DEPT.

24 hours after deoth any deloy is the 18. Give Pages 1, 2, and 3 to P.M.S. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dep 's Office olong with form Health prior to buriol, cremation, or removal, and in any event within 72 hours after death. Examin necessory, please execute the certificate, writing the word "pending" in the funeral director. Page 4 should be forwarded to the Chief Medical 5 may be retoined for your files.

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DICAL EXAMINER: This certificate should be executed within

TO DEPUTY

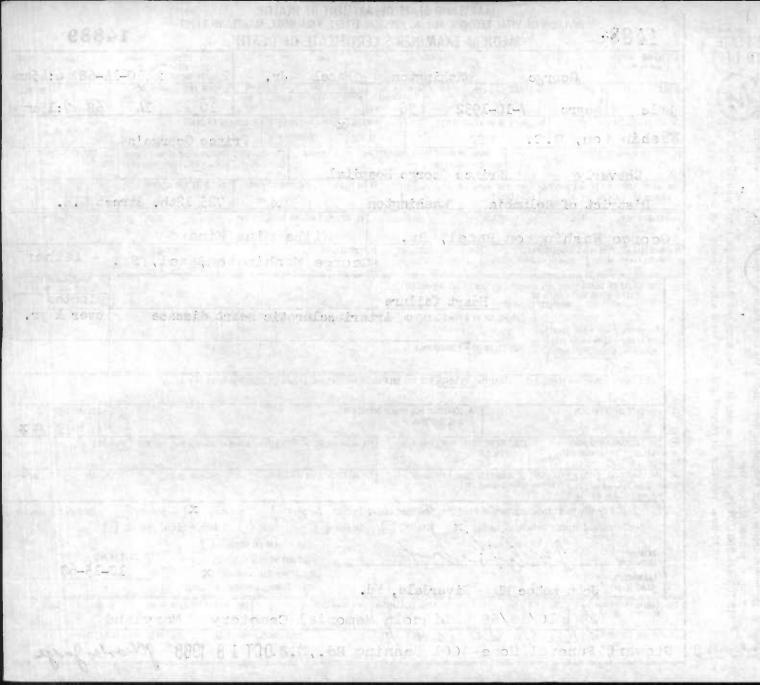
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14889

_			111											
	ECEASED-NAME Type or Print)	First		Middle			Last			2a. DATE KNOWN OF ESTI-	1	Day Year	2b. HOUR	
		Geor	ge	Washin	gton		zel	Jr.		DEATH MATED	1 10-1	14-68 19 6	45am	
3. 5	EX	4. RACE	S. DATE OF BIR	RTH	6. AGE (In years last birthday)	MONTHS	ER 1 YEAR DAYS	HOURS	_	2c. DATE PRONOUNCE			2d. HOUR	
-		Negro	7-10-1		36 YR	S.			MIN	10th	201	68 197:	15am M	
	BIRTHPLACE (Stot		b. CITIZEN OF WH	AT COUNTRY?	B. M	ARRIED 🔀	NEVER MA	RRIED	9. COU	INTY OF DEATH				
		ton, D.		SA		DOWED		ORCED 🔲		rince Geor			Mo	
10. (CITY OR TOWN O	F DEATH		AME OF HOSPITAL street address)	OR INSTITUTIO	ON (If not in	n hospitol			CUPATION (Kind of w f working life, even if		12b. KIND OF BUS	SINESS OR	
21	Chev	erly	Pri	nce Geo:	rge Ho	spita	1							
130.	USUAL RESIDEN	CE (Where deceose	ed liyed, if institu	ution: Residence b	efore 13c. Cl	Y OR TOWN	13	Bd. INSIDE CITY	LIMITS?	13e. STREET AND NUM	MBER			
0	Distr	ict of C	olumbia	Was	hingto	n		YES 🔀 N	NO 🗌	725 12th	. Stre	et N.E.		
14. F	ATHER'S NAME	First	Middle		Lost			DEN NAME			iddle	Las	st	
(George	Washin	gton Ha	azel, S	ir.	_		helm	ina	Kinard			0.0	
	WAS DECEASED EV (es, no, or unknow	/ER IN U.S. ARMED F vn) (If yes give v	ORCES? var or dates of service)	16b. SOCIAL SECUI	RITY NO.	Geor	ge	Wash	ing	ton#azel	, Sr.	fat	her	
		DEATH (Enter an										APPROXIMATI BETWEEN ONSE		
	PART 1. C	DEATH WAS CAUSED	TE CAUSE (a) I	leart fa:	ilure							minute	3	
PART I. DEATH WAS CAUSED BY: Heart failure												over 1	yr.	
1		Canditions, if any, which gave) rise ta immediate cause (o), (b)												
100		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF												
	last.	lderrying coose												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
_	AND STORES STORIFTCAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)													
TION	19a. DATE OF C	PERATION		19b. CONDITION I		PERATION			-			20. AUTOPS	Y?	
MEDICAL CERTIFICATION	1000			WAS PERFO	RMED?							YES 🗍	NO X	
CERI	21a. EXTERNAL			INJURY Manth, Do	y, Yeor	21c. HOW I	NJURY OC	CCURRED (Er	nter natu	re of injury in Part 1	or Part 2, Ite	m 1B.)		
ICAL	PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING	HOUR A.		19									
MED	21d. INJURY OC	CURRED 21e. P	LACE OF INJURY (At home, farm, sti		21f. LOCATI	ON Street	or R.F.D. Na		City ar Town	CHILI	County	State	
	WHILE N		tary, affice buildin	g, etc.)								ed:bills		
		certify that I to	ak charge of t	ho romains dos	cribed aba	vo hold a	n Auto	uncu 🗔	Inc	spectian K, Ir	nguiry 🗍	and in n	ny apinian	
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12	ACTUAL	1	1 p	X, In	1			EF MEDICAL			OOL DATE C	CICHED		
	SIGNATURE_	187	my/	100-	/		11. U.	ISTANT MED			22b. DATE S	0-15-68		
-30	EXAMINER'S	//						PUTY MEDICA				0-13-00		
	NAME (Type)	John Ke		Riverd						wn, or county)				
230	. BURIAL, CREMA REMOVAL (Spec									LOCATION (City or To		, ,,	Stote)	
		IV DI	0/19/68		coln	Memo	ria.			nds	rylan		Alte Y	
	FUNERAL DIRECT	Mulli	1. 1		ADDRESS &			2So. REC'I			EGISTRAR'S S		1	
S	tewart	//Funera	al Home	-4001	Benni	.ng R	d., 1	HOME J	UI.	1 8 1968	Julia	ween Jus	42	

VR A15ME (5)



The funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages shauld be filed with the State Dept. of Health prior ta burial, crematian, or removal, and history event, within K

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

11200

٦	CERTIFICATE OF DEATH									
	I. DECEASED-NAME First Herman Middle Lost 20. DATE OF DEATH 20. DATE OF DEATH 10 Manth Days Year 68 5:3									
3	3. SEX Male 4. RACE Negro 5. DATE OF BIRTH 9-4-94 6. AGE (In years lift under 14 Hours Min Months Oays Hours Min VRS.)									
	70. BIRTHPLACE (State or foreign country) 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) 1 Maryland United State SWIDOWED DIVORCED Prince Georges MARYLAND OF DEATH 1 DIVORCED DIVORCED OF SWIDOWED OF DEATH 1 DIVORCED DIVORCED OF DEATH 2 DIVORCED DIVORCED OF DEATH 3 DIVORCED DIVORCED OF DEATH 4 DIVORCED DIVORCED OF DEATH 4 DIVORCED DIVORCED OF DEATH 4 DIVORCED DIVORCED DIVORCED OF DEATH 4 DIVORCED D									
. 1	Riverdale, Maryland Letand Memorial during most of working life, even if retired.)									
	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSDEC CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. Prince Georges Brentwo (15) NO 4507 Rhode Island Ave									
	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last John W. Hebron									
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) No 16b. SOCIAL SECURITY NO. Very, na, ar unknawn) No 17. INFORMANT Florence Hebron-4507 Rhode Island Ave.									
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave is e to immediate cause (a), (stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PULLIAN ATTY 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 21b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 21c. HOW INITIRY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Hem 18.)									
G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19										
	While Not while of wark OFFICE BUILDING, ETC.									
	22a. I certify that (I) (this hospital) attended the deceased from 25 56 p., 19 68, to 15 007, 19 68, that (I) (we) la sow the deceased alive an 19 60, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death.									
	22b. SIGNATURE C, HOULES DEGREE PHYS. DIRECTOR									
	22d. PHYSICIAN'S NAME (Type) C. J. HOUMANN M.D. 22e. ADDRESS RIVERDALE									
	23a. BURIAL, (REMATION, REMOVAL (Specify) Burial 10-19-68 Church Ceemtery 24. FUNERAL DIRECTOR Tohn T. Phinos Co-ADDRESS T. 25a. REC'D BY REGISTRAR 25b. REGISTRAR 25b									
	Purial 10-19-68 Church Ceemtery John T. Rhines Company Funeral Home 3015 12th street, N.F. Woods D.C. DATE 6CT 2 1 1968									

netst bulle - lating: line de la companya d FARE SECTION DESCRIPTION OF THE PROPERTY OF TH Name | Pole | Ploregre Nebron-ASO: Roots Taland Ave. THE RESERVE OF THE PROPERTY OF THE STATE OF THE S TO SEE ON THE PARTY OF as Lymbol about the second deposit forms. one to differ Country Functal none

14832

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14891

DECEASED-NAI (Type ar prin		ie	Middle F.		last Hipple		2a. DATE OF DEA Octol	Manth Do	¹ 1968		HOUR a.		
3. SEX	0 02222	4. RACE			S. DATE OF B	IRTH		AGE (In years	IF UNDER 1 YEAR	IF UNDER			
	Pemale	V	White	1		20, 1897	l la	nst birthday) 71 YRS.	MONTHS OAYS	HOURS	MIN		
7a. BIRTHPLACE country)	(State or foreign	7b. CITIZEN OF WH	AT COUNTRY?	B. MARRIED	NEVER MA	RRIED X 9. 6	COUNTY OF DEA	TH		NX -			
Nev	v York	United	States	WIDOWED		RCED 🔲		Prine	e Georg	е	Md.		
10. CITY OR TOV	VN OF DEATH		ME OF HOSPITAL OR IN	•	20 - 10	during mast	af warking life,	d af wark dane even if retired.)		BUSINESS	OR		
12m HICHAR DEC	DENCE Where dans	sed lived, if institution			rt Home	13d, INSIDE CITY LIMITS	Cleri	AND NUMBER			_		
admissian) ST/	Maryland	1 13b. COUNTY Prin	ce George			YES NO X		Dodge	Park Ros	ad			
14. FATHER'S NA	ME First	Middle	Last			AIDEN NAME First		Middle		Last			
	Joseph		Hipple	9		Ja	ne.		McKed	on			
	SED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT	1		Address					
Yes, na, ar ur		An or gales at service)	068-09-35	507 Sa	cred H	eart Hom	e. Hvat	tsville	. Maryla	and			
1B. CAUSI	OF DEATH (Enter or	ly ane cause per lin	for (a), (b), and (c)	1) ' [. /	11		1	APPROX	CIMATE INTERA	/AL		
PART	1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:										1		
53	53/0 IMMEDIATE CAUSE (a) Sus // COVICUO PROPERTIES												
Canditian	OUE TO, OR AS A CONSEQUENCE OF												
rise ta im	nise to immediate couse (a), (b).												
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF												
	last 2400 , (d)												
PARTY	PART 2) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1												
S IO DATE	OU TOU	que	TOO V	EDICODUIC	20 411	- ree	TOOL IS VICE	WEDE CINDINGS	CONCIDENCE	CEDTIEVANO	_		
19a. DATE (19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDING								CONSIDERED IN C	LEKTIFYING	,		
RTIF					YES	1		40.7					
	DENT WAS UNDERLY!		INJURY Manth Day Year		OW INJURY OC	CURRED (Enter na	iture of injury in	Part 1 ar Part 2	, Item 1B.)				
	natify medical exam	ner) P.M.	1	9				-			100		
	RY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA	ACTORY.) 21f. L	OCATION Stre	et ar R.F.D. Na.	City or T	awn	Caunty	2	tate		
at work	Nat while at wark				0 - 12	1		. 5	15		355		
22a. 1 c	ertify that (I) (th	is hospital) atte	pded_the_deceas	ed fram_	2 /3	, 19_>	0, ta / C	7 7 1		t (I) (w			
sav	22a. I certify that (I) (this hospital) attended the deceased from 19 , and that in (my) (eur) apinian death accurred an the date and haur and from the causes stated progre, (I) (we) (did) (did not) view the bady after death.												
		e, (I) (we) (did) (did not) view the	bady after	death.						-		
22b. SIGNA	22b. SIGNATURE CULLULY CONTROLLED DEGREE PHYS. ATTENDING DIRECTOR												
22d. PHYS	ICIAN'S E (Type)	The Long	. ,	330	22e. ADI		Aug	ela)	1/601	61	7		
14707	(1 lbo)				1.7	5/07	True						
23a. BURIAL, CE REMQVAL		DATE	23c, NAME OF			2	3d. LOCATION (C	ity ar Tawn)	(Caunty)	(State)		
LUL.	J. Cl. J. J. C	/7/68		livet			lash.,						
24. FUNERAL D	All hit she she	ey's Fu	neral ADDRES!	t Rai	nier.	2Sa. REC'D BY R	23 1 1 1 1 1 1	2Sb. REGISTRAR					
	Home	inc.	Mar	vIand	,	DATE OCT	1 1 190	a orch	and as la	edal.			

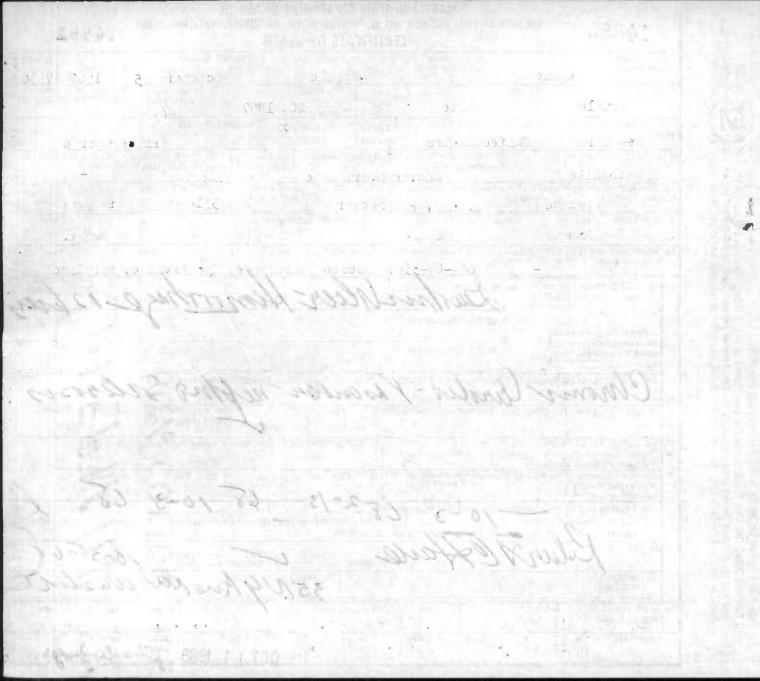
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campifiely filled in Dotale funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Tages 1 and 2 should be filled with the State Dept. at Health prior ta burial, cremation, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

within 24 hours after death.

xecuted

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

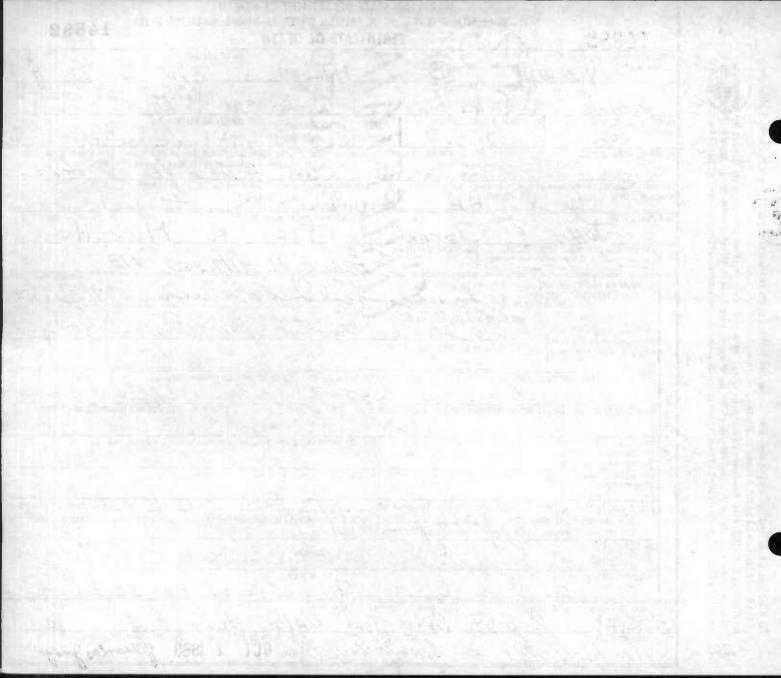
VR A15 (4) 30M REV. 1/68



2Sq. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68 FUNERAL DIRECTOR



			It	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14893
		= 1		1488 CERTIFICATE OF DEATH
			1 00	LENGUE CERTIFICATE OF DEATH
death	and 2			EASED-NAME First Middle Lost 2a. DATE OF DEATH Day Year 25 ARAh Day Year 25 ARAh Day Year 25 ARAh
aurs after	Z		3. SE	Female 4. RACE White 5. DATE OF BIRTH 6. AGE (In years lighted by YEAR IF UNDER 24 HRS. ast birthous) MONTHS DAYS HOURS MIN.
Adurs			7o. B	RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
1 24 July 24	paper thin 72	10	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
3	carban ent, wit		120	THE CIEW GARDEN HOUSEWITE
cuted	complerely ove carbar y event, wi	15	odmi:	ISUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13e, COUNTY MONT. Beth. YES NO 9807 River Rd.
oe exe	and com remove in any ev	4	14. F	THER'S NAME First Middle Jost 15. MOTHER'S MAIDEN NAME First Middle Lost
PHYSICIAN: The law requires that the death certificate be executed within e hospital ar attending physician.	ling physician and completely tille . Then please remove carban pa removal, and in any event, within		16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Address Address
ith cert	ding pr t. Then remov			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
he ded	by the attending I transit permit. The crematian, ar remo			HMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
that t	signed by the burial-transit p burial, crematic			rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
quires the	signed burial-t burial,			lost. (c) Willimschertie hyphersia known
v required ph			NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) $3/x$
The law ratending	icate has been far use as the Health prior to	X	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CIAN:	=		MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Doy Yeor 1f either, natify medical examiner) 17 P.M. 19
PHYSICIA ne hospital	his Pep	H		21d. INJURY OCCURRED While Not while of wark o
DING by #	Atter I be Stat			22a. I certify that (I) (this haspital) attended the deceased from 1-24, 1961, ta 10-241968, that (I) (we) lass saw the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and have and from the
ATTEN	shauld with the	2	N. S.	causes stated above, (1) (we) (did) (did nat) view the bady ofter death.
OR A	DIKECTOR: ge 3 shauld led with the			226. SIGNATURE CLIPPED STAFF DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS.
	Po Po	1		NAME (Type) PLFRED R. LAPPING CLINTON, MD
HOS	directar, shauld b		23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5	2 5 7		24	REMOVAL (Specify) 10-28-68 Wyoming Cemetery Grandville, Michigan UNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (4)	10		UNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRARS SIGNATURE 11 1 belm Funeral Home 4308 Suitland Rd S E

14888 Appendix 8001 1 VOV Pages 1 and 2 rs after death.

samplerely filled in

Within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	(CER	[IFI	CA	TE	OF	DEA	HTA	

14894

										7 26
	CEASED-NAME ype or print)	First	Middle		Last		2a. DATE OF		V	2b. HOUR
(1	ype or print)	William.	н.	H	ooker		Oct.		1968°°	10:30
. SE	X	4. RACE			S. DATE OF	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	Canc	asian		Jan.	25, 189	2	lost birthdoy) 76 YRS.	MONTHS DAYS	HOURS MIN.
70. E	BIRTHPLACE (Stote or foreig	7b. CITIZEN OF		. MARRIED			. COUNTY OF			· · · · · · · · · · · · · · · · · · ·
COUR	Washingto	n D C U	SA	WIDOWED		ORCED TO	Pri	nce Geote	e¹e	Md.
10. (ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INSTI	TUTION (If no	t in haspital		LOCCUPATION	(Kind of work done	12b. KIND OF	BUSINESS OR
	Cheverly	Pr	e street oddress) ince Geo.Ger					life even if retired.)	Industry	Works
	USUAL RESIDENCE (Where dissign) STATE	deceased lived, if instit	tutian: Residence before	3c. CITY OR	TOWN	13d. INSIDE CITY LIN		REET AND NUMBER		
-	Maryland	Prince	George's	lyatts	ville	YES NO	□ 741	6 Allison	Street	
14. F	ATHER'S NAME First	Middle	Last	15.		MAIDEN NAME FI		Middle		Lost
	Charle	s Hooker			M	innie D	reschle	er		
160.	WAS DECEASED EVER IN U. es, no, or unknown) (If ye	S. ARMED FORCES?	16b. SOCIAL SECURITY NO		FORMANT			Address	die -	
	es, no, or anknown)		578 17 378	9A M	innie	O' Con	nor	Hyattsv	ville, M	
	18. CAUSE OF DEATH (En	ter anly one cause per	line far (a), (b), and (c).)		- 7			1	APPROXI BETWEEN (IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	arrile	con	ren	Prace 1	Hear!	I full	m ?	A con
	185 X	· / -	R AS A CONSEQUENCE OF		8	C		100		1
	Conditions, if ony, which	gove)	Care	un.	5-	~ 01	Riv	Mele	120	110
	rise to immediate cause stating the underlying c	(0),(R AS A CONSEQUENCE OF				<i>y</i>		6	-
	lost.	(c)_				0				
	PART 2. OTHER SIGNIFICAN		BUTING TO DEATH BUT NOT	RELATED TO	THE TERMIN	AL DISEASE ORCO	ONDITION GIVE	N IN PART 1(a)		
z	177X									
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS PERF	ORMED	20a. AUT	OPSY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
TIFIC					YES	NO W	CAUSES	OF DEATH?		
	210. ACCIDENT WAS UND			21c. HO	W INJURY O	414	nature of injus	ry in Part 1 or Port 2	, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE									
ME	21d INTURY OCCURRED		AT HOME, FARM, STREET, FACTO	RY.) 21f. LO	CATION Stre	eet ar R.F.D. No.	City	or Town	County	Stote
12	While Not while at work of work		OFFICE BUILDING, ETC.					. /		
	20 - 1 Alf- Al- 4 /) (this hospital) a	ttended the deceased	from_>	10	1 19.4	4, 10 /	0/13/1	965, that	(I) (we) last
	saw the deceas	ed alive an	d) (dedense) view the bo	(Cand	that in (f	ny) (que) apir	nion death o	courred on the d	ate and haur	and fram the
		bave, (I) (we) (die	d) (dichrast) v/ew the bo	ady after d	eath.					
	22b. SIGNATURE	350			ATTEND			STAFF	. DATE SIGNED	110
	001	1 Line		DEGRE	11113.		RECTOR L	PHYS.	0/14	1 hd
	22d. PHYSICIAN'S NAME (Type)	rederick E	. Musser, M.	n	22e. AD		TO BO	llmead, Mo	4 2078/	
,						, / TLIL A				
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CE				Suit	ON (City or Town)	(County)	(State)
24	Burial FUNERAL DIRECTOR	Oct 16, 19	968 Cedar	111	emete	2Sa. REC'D BY		2Sb. REGISTRAR	Geo Md.	
24.		ch's Sons	Hyattsvill	e, Md		0.0			corlar Q	
			0	,		DATE UL	T16	1968 gcc	The American	Mary Comment

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and <u>Remplarely</u> filled indirector, page 3 should be detached for use as the burial-transit permit. Then please remave carban pagers, should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within [2] VR A15 (4) 30M REV. 468

ARRETE 101 E 13, 1935 Little a suggest sanded Cheserts Price Section 1 Hosnitet Authoritet State Cheserts 198-28 monthly blay the adultation at agreed somited burley PROJECT AVENUE AVENUE TRANSPORT CONTRACTOR the state of the s The resident to the grant to be an rest from the first dilligent. He about A DECEMBER OF THE PROPERTY OF 200 - Carrie 1000 in 1980 - with the state of the state of

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14895 CERTIFICATE OF DEATH

				CEIVIIII	TIL OI DE	VIII	Annual Control of the				
	ECEASED-NAME Type ar print)	First	Middle	. /	Lost	20	. DATE OF DEATH Month	Day .	Year	2b. HOUR	
,		-OTTIE	-		CHINGS		Oct	26	1968	2:06 PM	
3. SE	Dende	4. RACE	Ele	5	Sel-7.	1877	6. AGE (Îr last birtl	1 10013 1	UNDER 1 YEAR ONTHS OAYS	HOURS MIN.	
	BIRTHPLACE (Stote or foreign ntry) N. Careline		AT COUNTRY?		NEVER MARRIED [DIVORCED [Prince &	Deorge		Md	
	adelphi	give s	ME OF HOSPITAL OR IN treet address	STITUTION (If not	in hospital 12	2a. USUAL OCC uring mast of	CUPATION (Kind of v working life, even i	vork done if retired.)	12b. KIND OF E	BUSINESS OR	
13o. adm	USUAL RESIDENCE (Where dission) STATE Mel	10L COUNTY 4	har Residence before	13c. CITY OR T		NO NO	13e. STREET AND N	Hughes	- Roa	1	
14. 1	FATHER'S NAME First	Middle	White	15.	MOTHER'S MAIDEN	NAME First		Middle	ire	Lost	
	. WAS DECEASED EVER IN U.S (es, na, ar unknawn) (If ye	. ARMED FORCES? s give war or dates of service)	16b. SOCIAL SECURITY		ORMANT Juani	es m	Gueld	Address	cast	12)	
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS C	er anly ane cause per lin AUSED BY: MEDIATE CAUSE (a)	e for (a), (b), and (c)		te he	ant	diserse		APPROXIM BETWEEN ON	NSET ANO OEATH	
	Canditions, if any, which grise to immediate cause stating the underlying collect.	DUE TO, OR A	S A CONSEQUENCE OF	lity.	منده				124	m.	
	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	TING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DISE	ASE OR CONDIT	TION GIVEN IN PART	1(a)			
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PI	ERFORMED	20a. AUTOPSY? YES NO CAUSES OF DEATH?						
MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE Of (If either, notify medicol e	OF OEATH HOUR A.M.	INJURY Manth Doy Year		V INJURY OCCURRE	Enter notu	ire of injury in Part 1	ar Part 2, 1ter	m 18.)		
W	21d. INJURY OCCURRED While Not while at wark		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		ATION Street or R		City or Tawn	, ,	County	State	
	22a. I certify that (I' saw the decease causes stated a	(this haspital) atte ed alive an <i>COT</i> bave, (I) (we) (did)	ended/the deceas 24/68 (did not) view the	ed fram/ 19, and bady after de	that in (my) (a	ur) apinian	, ta OU. Ze death accurred	an the date		(I) (we) las and fram the	
	22b. SIGNATURE	hnite	t m.A	DEGRE	ATTENDING PHYS.	MED.	OR STAFF PHYS.	22c. DAT	re signed	168	
1	22d. PHYSICIAN'S NAME (Type)	.W.SMI	TH		22e. ADDRESS	1301	SUFOR	W, M	BUE		
	REMOVAL (Specify)	23b. DATE COCK, 29.196	8 Jou.	CEMETERY OR CO	Cimeler	, (LOCATION (City of	lenor.	(County) -*	(State) McK	
24.	FUNERAL DIRECTOR Wal	lus. 254	Canal	eloval	CA 256.	CT 2 9	1968 25b.	Clare	GNATURE Q	L	

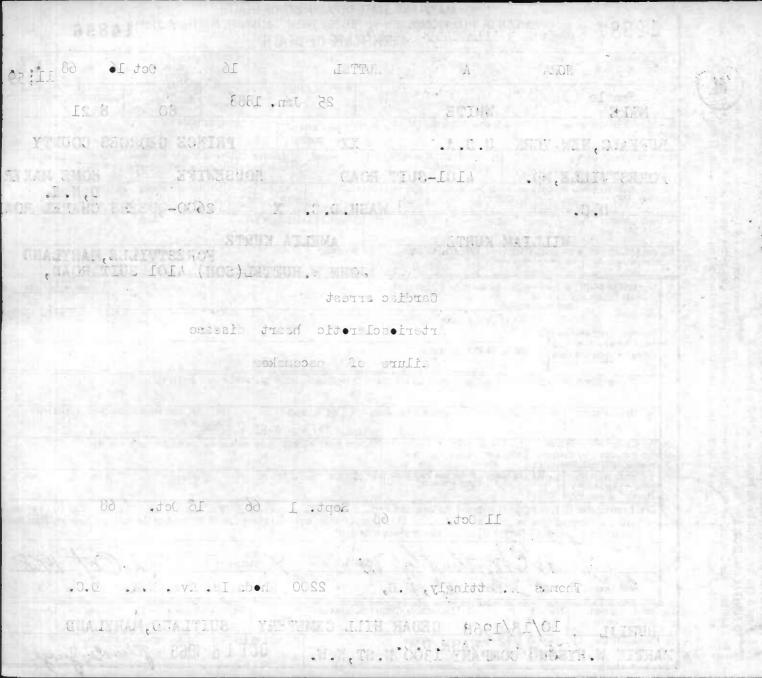
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Lunenal director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs effect depth Page 4 may be retained by the haspital ar attending physician.

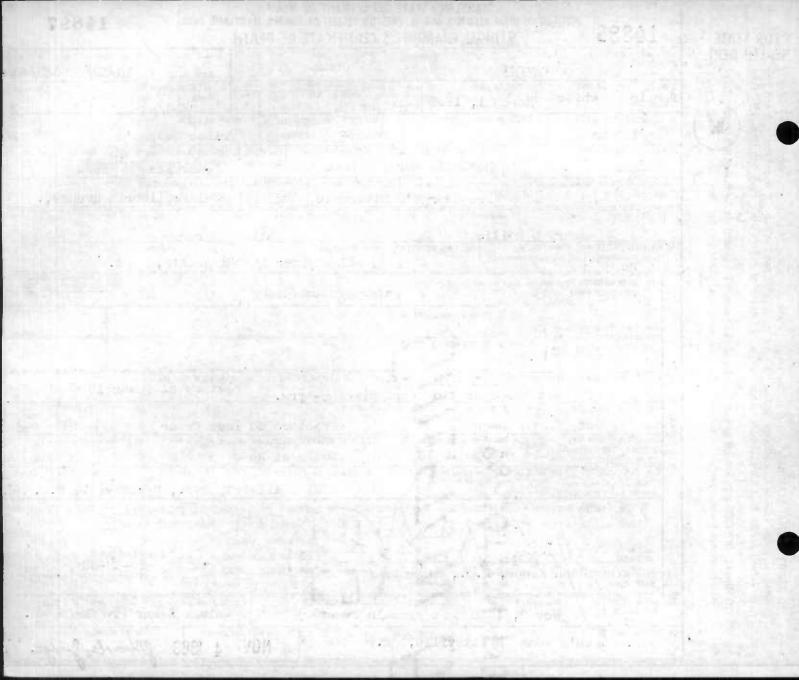
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14887 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 4896 1 CERTIFICATE OF DEATH 20. DATE OF DEATH . DECEASED-NAME First Middle Last 24 hours after death NORA Year 68 HUTTEL (Type or print) Manth Oct Dayle 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Female Jan. 1888 last birthday) 25 MONTHS DAYS HOURS MALE WHITE 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED attending physician one comprover, popers, permit. Then please remove carbon popers. BUFFALO NEW PRINCE GEORGES COUNTY WIDOWED DIVORCED [YORK 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The law requires that the deoth certificate be executed within give street address) during most of warking life, even if retired.) HOME MAKER FORESTVILLE, MD 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER D.N.E. admission) STATE 13b. COUNTY 2600-OUEENS CHAPET. Last 1S. MOTHER'S MAIDEN NAME First WILLTAM KURTZ AMELTA KURTZ 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT FORESTVILLE, MARYLAND Yes, no, or unknown) (If yes give war or dates af service) HUTTEL (SON) 4101 SHITT ROAD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Cardiac arrest BETWEEN ONSET, AND DEATH permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriescleretic heart disease Conditions, if any, which gave ! burial-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Failure of pacemaker PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO K for use Health Page 4 may be retained by the hospital or OF FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Sept. 1, 1966, ta 16 Oct., 1968, that (I) (we) last 19 68, and that in (my) (aur) apinian death accurred an the date and have and fram the saw the deceased alive an_ 11 Oct. should causes stated prove, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, poge Should be filed DIRECTOR 22d. PHYSICIANS Rhode Is. Ave. N.E. NAME (Type) D.C. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) CEDAR HILL CEMETERY SUITLAND, MARYLAND 25a. REC'D BY REGISTRAR OCT 18 REGISTRAR'S SIGNATURE 1300 N.ST, N.W. 1968 HYSONG COMP

MARYLAND STATE DEPARTMENT OF HEALTH





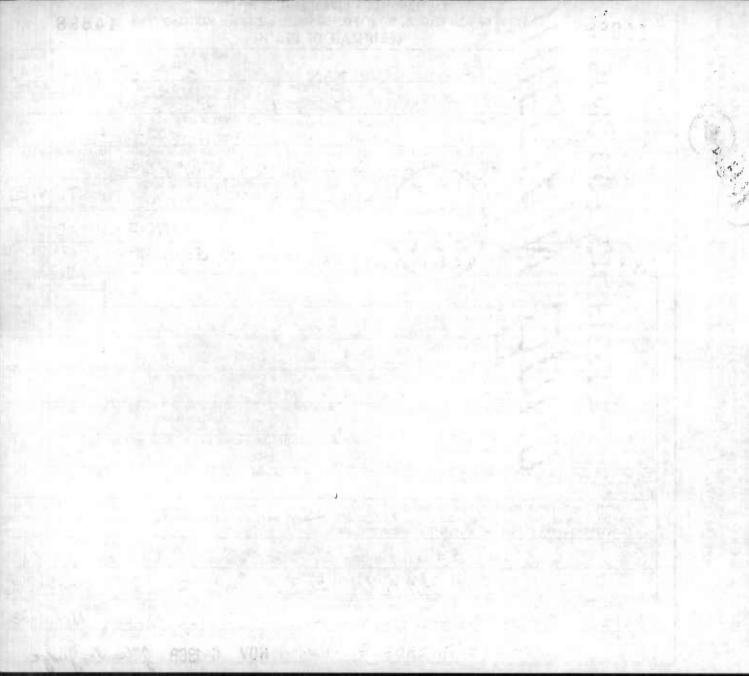
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14898 4833 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. the funeral within 24 haurs after death (Type or print) ORNAN 4 RACE S DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years CAUCASIAN FEMALE last birthday) HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WORTH. CAROLINA WIDOWED [DIVORCED IX TEORGES within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) PRINCE 7 INDUSTRY CHEVERL 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER and in any event, 13b. COUNTY admission) STATE WASHINGTON YES TO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost UNDERWOOD Б MAUDE requires that the death certificate be ALLEN AMES 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. CHARLOTTE SHERRY 5620. WHIT FIELD CHAPEL RD Yes, na, ar unknawn) (If yes give war or dates of service) ar remaval, R.R. RETIREMENT 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH permit. DUE TO. OR AS A CONSEQUENCE OF Mascular Canditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) La at least De year attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO P of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical exominer) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram 7 - 4 1949, to 10 21 . 19 6 8, that (I) (we) last 21 19 68, and that in (my) (our) apinian death occurred an the date and hour and from the saw the deceased alive an 10 causes stated abave, (I) (we) (did) (did nat) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR director, page should be filed PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE FORT LINCOLN MAR 2Sq. REC'D BY REGISTRAR VR A15 (4)

30M REV. 1768

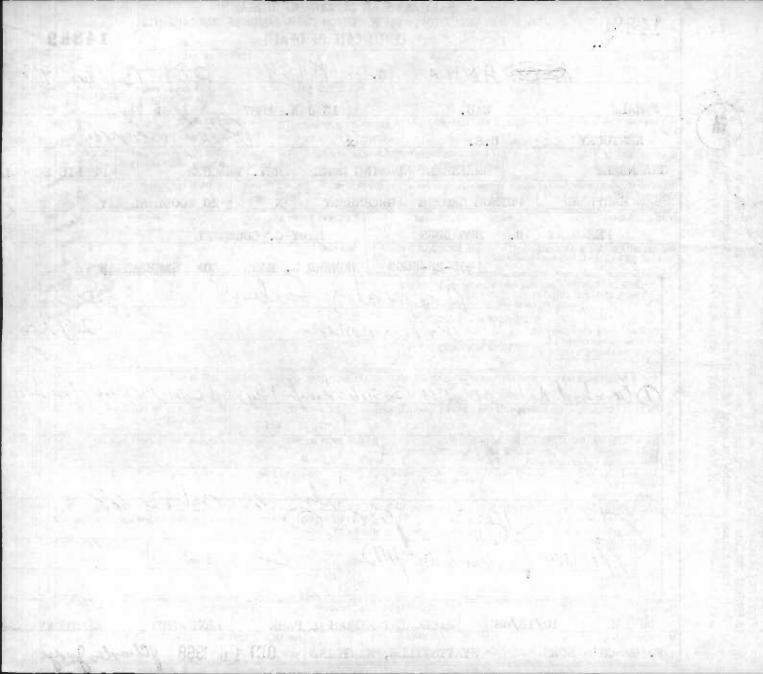
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1968

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14899 Middle funerol 1 ond 2 er death. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR be executed within 24 hours after deoth 430pN (Type or print) B. 3. SEX 4. RACE 6. AGE (In years last birthdoy) S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS FEMALE CAU. 15 JAN. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED signed by the ottending physician ond completely filled in burial-tronsit permit. Then pleose remove corbon papers burial, cremation, or removol, ond in ony event, within (72 m country) KENTUCKY WIDOWED -DIVORCED [YIMUO U.S. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR PUBLIC SCHOOL during most of working life, even if retired.) GREENBELT NURSING HOME 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER PRINCE GEORGE SMARYLAND YES V NO 26 WOODLAND WAY GREENBELT 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost PEEASANT BROADDUS B. MARY C. COCKRELL requires that the death certificote 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, (Nichknown) (If yes give war or dates of service) 405-28-6609 HOWARD B. SAME AS ABOVE SON APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ; rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) os the prior to Page 4 may be retained by the hospital or attending has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES -NO 🗌 be detoched for use **IO FUNERAL DIRECTOR:** After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 (and that auses stated opave, (1) we (aid) did not) view the body after death. (Sand that in (my) (our) opinian death occurred on the date and hour and from the 226 SIGNATUR 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 10/16/68 HILLCREST MEMORIAL PARK LEXINGTON 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) F. GASCH'S SONS 1968 HYATTSVILLE, MARYLAND DATE OCT 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14900

14891

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CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle		Lost	20. DA	TE OF DEATH			2b. HOUR
(Type or print)	Bab	у	Girl	I	Keenan	0c	t. Mont	22. Do	1968 eor	9:10PM
3. S	EX	4	. RACE		5	. DATE OF BIRTH		6. AGE (I	n yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female		Cauc	asian		Oct. 22, 19	968	lost bir	thdoy)	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or 1	foreign 7b.	CITIZEN OF WH		MARRIED [NEVER MARRIED KX		TY OF DEATH			123
cou	laryland		U.S		VIDOWED [Prin	ce Geor	210		Md
	CITY OR TOWN OF DEA	TH		AME OF HOSPITAL OR INSTITU	JTION (If not			ATION (Kind of		12b. KIND OF	BUSINESS OR
	Cheverly		Pr	ince Geo.Ge	n'1 H	spital		rking life, even		INDUSTRY	
13o. odm	USUAL RESIDENCE (WI ission) STATE lary Land	here deceosed l	ved, if institut 13b. COUNTY Prince	on: Residence before 13 George's E	Rive	OWN 13d. INSIDE CITY	WO [3e. STREET AND 5519 N1		on St.	
		irst	Middle	Lost		MOTHER'S MAIDEN NAME			Middle		Lost
	C	harles	E.	Keenan			Patr:	icia		Stocks	tf11
	. WAS DECEASED EVER (es, no, or unknown)	IN U.S. ARMED (If yes give war or	FORCES? dates of service)	16b. SOCIAL SECURITY NO.	17. INI	ORMANT			Address		
=	18. CAUSE OF DEAT	H (Enter only or	ne couse per lin	ne for (o) (b), ond (c).)	1	10	1	1.			IMATE INTERVAL ONSET AND DEATH
		WAS CAUSED BY		Ang	MA	place	ula	1/201	ud		MISET AND DEATH
	7700	IMMEDIATE	, ,	S & CONSEQUENCE OF		1	7	1			
	Conditions, if ony, w	hich gove		S IN CONSEQUENCE OF			//			7000	
	rise to immediate		DIE TO OP A	S A CONSEQUENCE OF		/	//				
	stoting the underly	ing couse	(4)	D A CONSEQUENCE OF	7		//				
		IFICANT CONDITI	ONS CONTRIBII	TING TO DEATH BUT NOT I	PELATED TO	THE TERMINAL DISEASE OF	P CONDITION	GIVEN IN PART	1/0)		
	7/10	THE CONDITION	ons commo	THE TO BUILD DOT HOT	CESTIED TO	THE PERMITTER DISEASE OF		OTVER IN TAKE	.(0)		
MEDICAL CERTIFICATION	190. DATE OF OPERATE	ON 19b CON	DITION FOR WH	ICH OPERATION WAS PERFO	RMFD	20o. AUTOPSY?	12	Ob IE YES WER	FINDINGS	CONSIDERED IN C	FRTIFYING
FIG	TO. DATE OF OTERAIN	170. CON	DITION TOK WIT	ICH OF EXAMON WAS I EXTO	KINED	YES NO F	10	AUSES OF DEATH		CONSIDERED IN C	EKIN INIO
CERT	21o. ACCIDENT WAS	LINDERLYING	21b. TIME OF	INITIPY	21c HOV	/ INJURY OCCURRED (Ent		of injuny in Port	1 or Port 2	Itom 18)	
R	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Month Doy Yeor	210.1101	INSORT OCCORRED (EIII	iner motore c	inquity in 1 on	1 01 1 011 2,	110111 10.)	
AFD.	(If either, notify med		P.M.	19 AT HOME, FARM, STREET, FACTOR	(1) 01/ 10/	TION COLOR DED A	N-	Charles Town		Count	Chaha
-	21d. INJURY OCCURR While Not while of work	ZIE. PLA	LE OF INJURY	OFFICE BUILDING, ETC.	(1) 21f. LOC	ATION Street or R.F.D. N	NO.	City or Town		County	Stote
	ot work ot work		1. 15		, ,	. 00 10	60 1		00 10	. (0 : 11 :	(1) () (
	220. I certify th	火 规数} (I) 1DI	SCHOOL GITTE	ended the deceased	tram	that in (my) (own) or	_68_, 10	oth occurred	22, 19	ba_, that	(I) NEWE) last
	causes stat	ed abave. (I	(did)-	(did not) view the ba	v after de	ath.	piniun ue	um uccomeu	un me u	are and man	unu mum me
	22b. SIGNATURE	16	1		,	- Full-1-17	1.74	7-1-1	22c.	DATE SIGNED	
		-//	11/	1000	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		Oct. 24.	1968
	22d. PHYSICIAN'S	1-11				22e. ADDRESS	Dinacion			000	
	NAME (Type)	Tradi	Mahad	avi M. D.		6821 Rive	rdale	Rd. R	iverd	ale Md.	20840
230	BURIAL CREMATION	23b, DATE		23c. NAME OF CEN	ETERY OR C	REMATORY		OCATION (City or		(County)	(Stote)
200	REMOVAL (Spenify)	11-2	2-68	Prince G	earge	's General	Ch	OTTO TOTAL			(5.0.0)
24.	FUNERAL DIRECTOR	1	1/1	ADDRESS	H	ospital	BY REGISTI	RAR 2Sb.		S SIGNATURE _	
0	The Wor	Benn,	Jr , Ad	ministrator	/	DATE N	0V (5 1968		arles la	udge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion ond completely filled in by the director, page 3 should be detached for use as the burial-tronsit permit. Then pleose remove carbon papers. Bages should be filed with the Stote Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 30M REV. 1/68-

. 1600 - Section of the Section of t tye 1 Caugusin - Caugusin Caugusin - Oct. 21 1961 a marchi es iling the control of the and the most of the medical control of the cont Congression of the State of the జాయాడు . పి.మీ. మీ. మార్కెట్ Bott . Fa . Sol palacing and region of the comment in a figure of the second of t the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14901 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN Month Doy Year 2b. HOUR (Type or Print) DEATH MATED X 10-21-68 1911:45 pm ay is Page of Theodore Lewis Keys 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD puo 6819 1:40amm Male Negro 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 16m 18. Give Poges 1, country) D.C. USA WIDOWED | DIVORCED [Prince George's 1 and 2 with the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince George Hospital during most of working life, even if retired.) Cheverly 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER de Columbia Washington YES NO 1409 15th. Street N.W. hours Lost 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Nathan Juanita Bates Kevs 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 577-50-2552 Donna Keys 4545 Wheeler Rd SE, D.C. File APPROXIMATE INTERVAL within This certificate should be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND OEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Bilateral hemothorax DUE TO, OR AS A CONSEQUENCE OF Gun shot wounds of chest Conditions, if ony, which gove rise to immediate couse (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES TX NO should be 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY TO OR CONTRIBUTING 11:44pm 10-21-19 68 Shot by assailant. CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County WHILE NOT WHILE Toctory, office building, etc.) AT WORK AT WORK AT WORK Parking lot of 1500 Southern Ave., Prince George's County, Maryland FUNERAL DIRECTOR: Page 22a. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection X. Inquiry , and in my apinian death resulted fram: Natural causes, Axcident . Suicide . Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-22-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) Riverdale, Kehoe MD 0 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BURIAL HARMONY MEM. YORK LANDONER GA. AVE NW 250. REC'D BY REGISTRAR DATE OCT 28 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE FUN. NOME INC. VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14902

SEX	1. DECEASED-NAME (Type or Print)	Firs		Middle		Lo			20. DATE KNOWN Manth	Day Yeor	2b. HOUR
M Negro 2-8-1912 Negro	(Type of Timi)	Elija	ah	М.					DEATH MATED	-8 ₁₉ 68	3:45
DERIPHENALE (State or foreign punity) Virginia U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Growth of Beath Glendale, Md. 12. USUAL RESIDENCE (Where decessed lyed, if institution: Residence before) 13. CITY OR TOWN OF DEATH GLENDALE, Md. 14. COUNTY Washington 15. MOTHERS MANDER MANE Thomas F. Kinney Middle Lost Thomas F. Kinney May The DEATH MAS CASTSD BYE IN U.S. ARMED FORCES? 16. SUSUAL RESIDENCE (Where decessed lyed, if institution: Residence before) 15. MOTHERS MANDER NAME Thomas F. Kinney Mary Miner Middle Lost Thomas F. Kinney Mary Miner Middle Lost Thomas F. Kinney Mary Miner Mi	3. SEX	4. RACE		₹TH 6.	AGE (In years						2d. HOUR
DIVORCED DIVORCED DIVORCED Prince George A DIVORCED DIVORCED DIVORCED Prince George A DIVORCED DI	M	Negro	2-8-19	12	56 yR	S. MONTHS	NT3 NOUKS	min.	Worth Ba	Year 1968	3:40
DIVERTING I. CITY OR TOWN OF DEATH Glendale, Md. I. CITY OR TOWN OF DEATH Glendale, Md. I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. CITY OR TOWN INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. CITY OR TOWN INDUSTRY I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. CITY OR TOWN INDUSTRY I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. CITY OR TOWN INDUSTRY I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. CITY OR TOWN INDUSTRY I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain) life, avan if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain if retired.) I. LINAME OF HOSPITAL OR INSTITUTION (if not in haspital and sustain		e or foreign	76. CITIZEN OF WI	AT COUNTRY?	B. M/	ARRIED NEVE	R MARRIED	9. CO UI	NTY OF DEATH		1
C. CITY OR TOWN OF DEATH	country) Virgi	nia	U.S.	A .	WIE	DOWED 🗌	DIVORCED [Prince Geo	orge	M
ADDRESS The Companies of the Country T	10. CITY OR TOWN O	F DEATH	11. N give	AME OF HOSPITAL OF	OITUTITZAL S	N (If not in ho	durin	ng most of	working life, even if retired.)		NESS OR
STATE DC U.S. COUNTY Washington YES NO 24 Bryant St. N.E.			end lived if instit	ution: Posidence had	aralis (II)	Y OR TOWN	13d. INSIDE OF	treet	Cleaner		
FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Thomas F. Kinney Mary — Miner Min			13b. COUNTY	Jilon. Residente Dei						N.E.	
CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CO	14. FATHER'S NAME	First	Middle	e Lo	ıst	15. MOTHER'S	MAIDEN NAME	First			
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EXAMINER'S John Kehoe, M.D. DEPUTY MEDICAL EXAMINER © 32-14-68 ADDRESS(Street, city, town, or county)		//	John Ke	hoe, M.D.						- 2-14-00)
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REMOVAL (Specify)	REMOVAL (Spec	ifu) /					(1			, ,,	ate)
Burial / 10-9-68 Lincoln Memorial Suitland, Maryland ADDRESS Arlington, 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			1-7-00				on Jose per				
Peyton Funeral Home, 2205 Shirlington, Virginia DAFFE 19 1969 Clarks Under			Iome 220E								

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 201

and a			14894	3.6	AVISION OF VII			CATE OF					4903	}
7 €			CEASED-NAME	First		Middle		Last		2a. DATE OF			V	2b. HOUR TO
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2		3. SE	X		4. RACE			5. DATE OF	BIRTH		6. AGE (In years	IF UN		IF UNDER 24 HRS. HOURS MIN.
5			Female		Wh:	ite		Decen	mber 16,	1877	last birthday)	YRS. MONT	HS CLAYS	HOURS MIN.
		7a. 1	BIRTHPLACE (Stote or forei	gn 71	. CITIZEN OF WHAT O		B. MARRIED	NEVER MA	RRIED	COUNTY OF	DEATH			
DAGI, GIIG III GIIY EVEIII, WIIIIII / 2 III		CODI	ashington,D	.C. 1	United Sta	ates	WIDOWED		ORCED 🗌		Princ	e Geo	orge	Md.
	90	10. (ITY OR TOWN OF DEATH		11. NAME (OF HOSPITAL OR INS	TITUTION (If	not in hospitol			(Kind of work d	one 12	b. KIND OF B	USINESS OR
	10		Hyattsvil	le	give street		ed Hea	rt Hom	during mo	st of working OUSEWO	life, even if retir rk	ed.)	NDUSTRY	
	117	130.	USUAL RESIDENCE (Where	deceased	liyed, if institution:	Residence before	13c. CITY O		13d. INSIDE CITY LIM	13e. ST	REET AND NUMBE	R		
	72	odm	ission) STATE Dist:	rict	of Colum	nbia	Washi	ngton	YES NO	□ 10.	46 Wisco	nsin	Avenu	ie.N.W.
		14.	ATHER'S NAME First		Middle	Last			MAIDEN NAME Fir		Midd			Last
			Kear	ns	Andrew	Kirb	у		Ma	ary	E.		McCor	mick
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			es, no, or unknown) (If	Aaz Aisa moi c	2]	6-46-72	25 S	acred	Heart He	ome !	Hyattsvi	lle,	Mary	rland
			18. CAUSE OF DEATH (E			r (o), (b), and (c).) ,	- A	4484		0			ATE INTERVAL
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			rise to immediate cous stating the underlying		DUE TO, OR AS A	CONSEQUENCE OF								PART I
			last.		(c)									
			PART 2. OTHER SIGNIFICA	ANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT N	DT RELATED T	O THE TERMIN	AL DISEASE OR CO	NDITION GIVE	N IN PART 1(o)		321	
		N	4201								1000	300	100	
	Y	CERTIFICATION	190. DATE OF OPERATION	19b. CO	NDITION FOR WHICH O	PERATION WAS PE	RFORMED	20a. AUT	OPSY?		YES, WERE FINDI	NGS CONSID	ERED IN CER	RTIFYING
		RTIFI						YES [
			21a. ACCIDENT WAS UNI		HOUR A.M. M	URY onth Doy Yeor	21c. H	OW INJURY O	CCURRED (Enter	nature of inju	ry in Port 1 or Po	ort 2, Item	18.)	
		MEDICAL	(If either, notify medical	examiner) P.M.	19						505.0		
		×	21d. INJURY OCCURRED While Nat while	21e. PL	ACE OF INJURY (AT H	IDME, FARM, STREET, FAC CE BUILDING, ETC.	TDRY,) 21f. L	OCATION Stre	eet ar R.F.D. Na.	City	ar Town	Co	unty	State
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			220. I certify that sow the decea	(I) (this	haspital) attende	ed the deceose	ed from 4	L-aco	, 195	7, to_/	0-12	, 1961	, thot	(I) (we) last
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֡			NAME (Type)	40,	UHSF	(077	INS		322-	40	TNE			
		23a.	BURIAL, CREMATION,	23b. DA		23c. NAME OF					ON (City ar Tawn)	(((ounty)	(State)
			REMOVAL (Specify)	Oc.	t. 15, 196		Oliver	t (emey			ngton, I	0. (.		
1	(4)	24.	FUNERAL DIRECTOR		1 2	ADDRESS	1	1 1	2Sa. REC'D BY		2Sb. REGIST	RAR'S SIGN	ATURE	
1.	/68	1	. J. M. Dow	المنافعة التا	- men	Prog V. M	oves	Gine	DATE OC	119	1968 8	Clear	Cay you	uge

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eurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

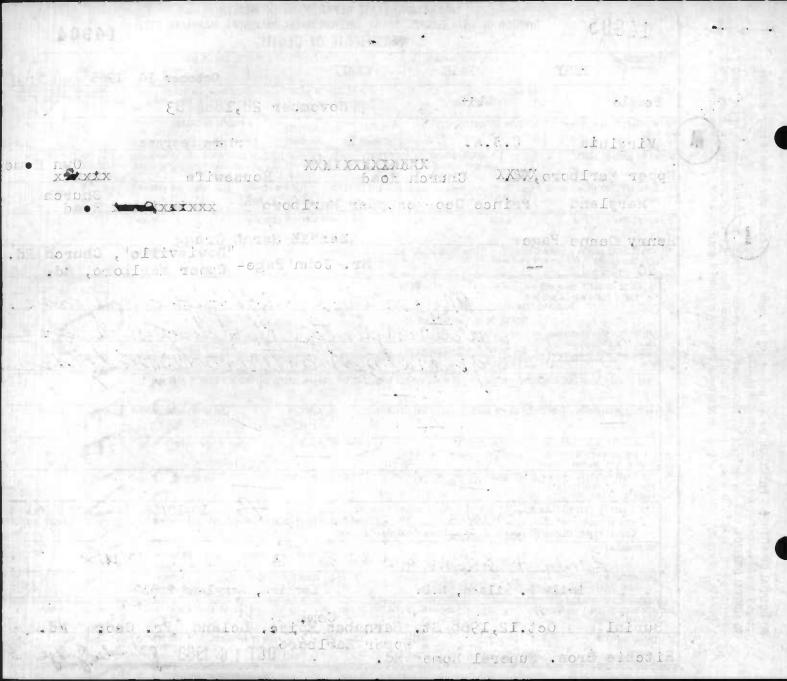
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phystian and campletely find directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon is shauld be filed with the State Dept. af Health prior ta burial, cremation, ar remaval, and in any event, with

30M REV. 168

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14904

				EKITFICA	ALE OF L	CAIN				
. DECEASED-NAME (Type or print)	First		Middle	T/Ata	Lost		20. DATE OF DEA		. V	2b. HOUR
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Female		4. RACE Whi	te		novem	H Der 2	8,1884	AGE (In yeors birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
o. BIRTHPLACE (Stote country) Virgin		U.S.A.		8. MARRIED WIDOWED	NEVER MARRI	ED	Printe G			Mc
o. city or town of c Upper Mai	rlboro X	11. NAME give stree	OF HOSPITAL OR INS et oddress) XB6 Church	Road		12o. USUA during mo HO	L OCCUPATION (Kinst of working life, USOWIFE	nd of work done even if retired.)	12b. KIND OF INDUSTRO	BUSINESS OR WITH HOME
30. USUAL RESIDENCE (Demission STATE ATT 1	and		Georges			d. INSIDE CITY LIN		AND NUMBER	Chun Road	
4. FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAIL	EN NAME FI	rst	Middle		Lost
Henry Des	ane Pag	0				Sar Sar	ah Gree	g		
160. WAS DECEASED EV Yes, no, or unknown) NO	(If yes give wor or		b. SOCIAL SECURITY N		Johr	Page	"Bowi - Uppe	evi44e'r Marl	oro.	rch Rd
	TH WAS CAUSED BY IMMEDIATE , which gove te couse (o),	CAUSE (o) DUE TO, OR AS A	OF (0), (b), ond (c).	sole	ol a	Kli	yici unt di	vien brone	yes yes	ONSET AND DEATH AND MINE MI
4200	GNIFICANT CONDIT	IONS CONTRIBUTION	G TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR CO	ONDITION GIVEN IN	PART 1(o)		
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S OR CONTRIBUTING	CAUSE OF DEATH	P.M.	Month Day Year 19		-		noture of injury in	Port 1 or Port 2,	Item 18.)	
≥ 21d. INJURY OCCU While Not what work of wo		CE OF INJURY (AT	HOME, FARM, STREET, FAC FICE BUILDING, ETC.	TORY.) 21f. LOC	ATION Street	or R.F.D. No.	City or	lown .	County	Stote
saw the	deceased alive	an 10/10/	led the decease 68 1' day) view the l	9, and	that in (my)	, 19 (oco) apir	ta 10,	10/68, 19 urred an the de	that ate and haur	(I) (wg) las and fram the
22b. SIGNATURE	Mily	H. his	lom m	DE DEGRE	FIII J.	LA DI	ED. S		DATE SIGNED 11/68	
22d. PHYSICIAN'S NAME (Type)	Emily	H. Wilson	n, M.D.		22e. ADDRI		Marylan	d 20820		
230. BURIAL, CREMATIO REMOVAL (Specify)	1	t.12.19	23c. NAME OF C	Barnal	Das En	ise.	23d. LOCATION (Pr. G	(County)	(Stote)
24. FUNERAL DIRECTOR		A STATE OF THE PARTY OF THE PAR	ADDRESS	pper 1	font ho	Sq. REC'D BY	REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
Pitabia	Prog I	There are 3	Tlama	M9	Tal' L'OU	THE DC	1 6 196	8 och	mela. Ou	dat



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14896 CERTIFICATE OF DEATH 14905 . DECEASED-NAME First Middle 20. DATE OF DEATH Lost 2b. HOUP death puo (Type or print) Month 28, Doy 1968 or KNOX Lena E. Oct. 24 haurs after dea 10:25M 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 12-03-06 Female Caucasian 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) filled in US WIDOWED [DIVORCED | Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress)
Prince George's Gen'l Hospital Retired hone operator Cheverly 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3b. COUNTY Anne Arundel odmission) STATE Maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute YES NO Annapolis Severn Grove Circle and in any 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Lost Lost George Turner Hepner Terzah Amelia Celler 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 578 10 0702 Herman T Knox remaval Annapolis, "d. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior take O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this discreted) attended the deceased from March 1967, to Oct. 28, 1968, that (I) (**) [ast saw the deceased alive an Oct. 28, 1968, and that in (my) toxox apinian death accurred an the date and haur and from the causes stated abave, (1) (sweek (did) (station) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF page 3 Oct. 28, 1968 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS director, po should be f NAME (Type) Don B. Cameron, M. D. 3503 Perry St., Mt. Rainier, Md. 20822 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Ft Lincoln Cemetery Nov 1, 1968 Colmar Manor, Pro Geo Md. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Md.

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0ct. 28, 1366	de la		
rt., 45. Ballaut, 45. 20022	0. 3503 Party	Oca S. Cameron, M.	
to be seen about the seen at		New L. Man Rollin	
and the second	AM	disensitive, and att	20-01-01-01-01-01

FOR STATE HEALTH DEPT.

14897

purs after death any delay is mitter Give Pages 1, 2, and 3 to Vice along with farm PM3 Page the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's 5 may be retained far your files.

DICAL EXAMINER: This certificate should be executed within 24

TO DEPUTY

necessary, please execute the certificate, writing the ward "pending" in pencil in L

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Depa Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death.

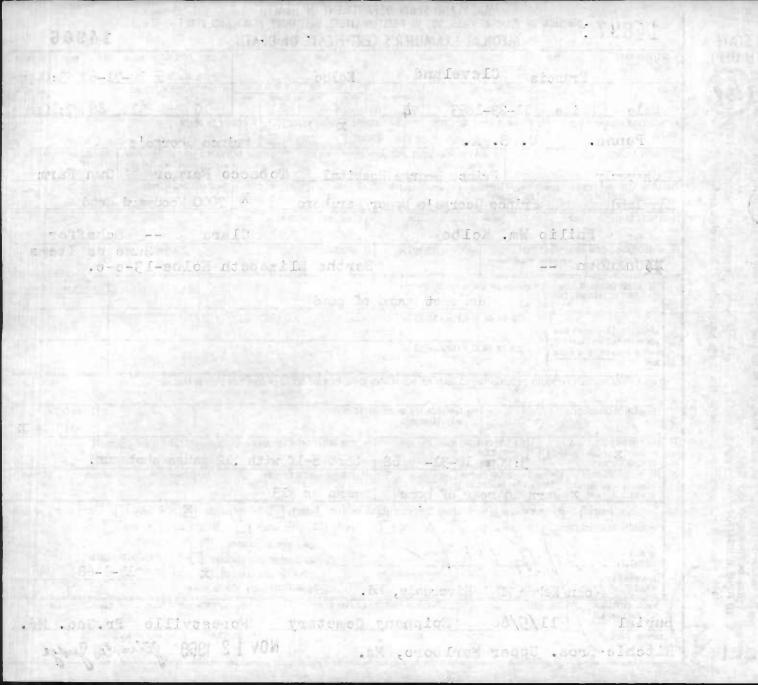
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

14906

	ECEASED-NAME	Firs	st	Middle			Lost		100	2o. DATE	KNOWN	Month I	Doy Yeor	2b. HOUR
(Type or Print)	Franc	ris CI	Leveland		Kol	be			OF DEATH	ESTI- MATED X	10-37	1-68 193	:DODmM
3. S	EX	4. RACE	5. DATE OF BI		GE (In years	IF UNDE	R 1 YEAR	IF UNDER			RONOUNCED			2d. HOUR
	Male	White	11-23-		ist birthday) YR	MONTHS	DAYS	HOURS	MIN.	Month		Day	68 197:	10pm M
70.	BIRTHPLACE (Sto		7b. CITIZEN OF W			ARRIED (X)	NEVER MAI	RRIFD	9 COU	NTY OF DE	ATH)	00 17.	TODIII W
coun	Penr	١٥.	U. S.			OOWED [RCED	-			-1-		Md.
10. 0	ITY OR TOWN (NAME OF HOSPITAL OR		l-a-d		Berged Market		CUPATION (12b. KIND OF BU	
4	Chever	lv	give	street oddress)	ge Ho	spita	1	during TO	most of	working li	fe, even if i	retired.)	NDUSTRY	rm
130.	USUAL RESIDER	ICE (Where deced	sed lived, if instit	ution: Residence befo	re 13c. CIT	Y OR TOWN	13	d. INSIDE CITY		13e. STREE				
Ma	dmission) STAT		Prince	George 's	Upper	Mar]	Lborc	AES	40 V	7000	Wood	yard 1	Road	
14. F	ATHER'S NAME	First	Middl	e los	t	1S. MOTH	IER'S MAII	DEN NAME	First		Mid	ldle	Lo	st
		Phili	p Wm. F	Colbe					Cl	ara	-	- S	chaffe	r
		VER IN U.S. ARMED		16b. SOCIAL SECURITY	NO.	17. INFORM	ANT				ADDRES	Same	as It	ems
1,	MAUNKI	iown (" yes giv	e war or dates of service)			Bertl	ha E	Cliza	abet	h Ko	lbe-	13-e-	-c.	
	1B. CAUSE O	F DEATH (Enter o	nly one couse per	line for (o), (b), and (:).)		(m)						APPROXIMA BETWEEN ONS	
	PART I.	DEATH WAS CAUSE	ED BY:	un shot w	ound	of he	ead						DETACEN ONS	I AND DERIN
	955	X		AS A CONSEQUENCE										
		ony, which gove)										100	
		diote couse (o), nderlying couse	(b)	R AS A CONSEQUENCE	OF									
	last.	inderlying coose												
	PART 2 OTHER	SIGNIFICANT COM	DITIONS CONTRIBUT	TING TO DEATH BUT N	OT DELATED	TO THE TE	DANINAL D	ISEASE OD	COMPLETO	M CIVEN IN	DADT 1(a)		1	
	971	SIONITICANT CON	DITIONS CONTRIBO	INO TO DEATH BOT IN	DI KLEMILE	7 10 1111 11	KIMIMAL D	IJEAJE OK	CONDITIO	IN OTATIA IIA	TAKI I(U)			
MEDICAL CERTIFICATION	190, DATE OF	OPERATION		19b. CONDITION FOR	WHICH OF	PERATION							20. AUTOP	SY?
FICA				WAS PERFORME	D?								YES	NO X
CERT	21o. EXTERNAL	CAUSE WAS	21b. TIME O	FINJURY Month, Doy, Y	eor	21c. HOW I	NJURY OC	CURRED (Er	nter notur	re of injury	in Port 1 o	r Port 2, Iter	_	53
CAL		OR CONTRIBUTING	HOUR A									shot g		
MEDI	CAUSE OF DEA 21d. INJURY O			(At home, form, street		21f. LOCATIO					rTown	1100 g	County	Stote
				ear of hom						city	10411		coomy	31016
-							e as				70 1			
10			-/1	the remains deseri			_	-		pectian [quiry [ond in r	my opinion
3	deoth r	esulted from:	Natural ear	ses , scide	nt [],	Suicide	[X],	Hamicio	de 🔲,	Undet	ermined i	monner L		
17.5	ACTUAL	/-	LH /	Valar				EF MEDICAL						
	SIGNATURE .	1	7/1	COVE		N	1.0.	ISTANT MED				22b. DATE SI		
	EXAMINER'S	//	,,,,			40.74		UTY MEDICA				11-	1-68	
	NAME (Type)	DOINT IL	ehoe MD	Riverdal				RESS[Street		wn, or coun	**			
230	. BURIAL, CREMA REMOVAL (Spe	-: A.)	DATE	23c. NAME C					23d.	LOCATION	(City or Tow	vn) ((County)	Stote)
	REMOVAL (Spe		.1/5/68	Epipl		Cem	eter			rest			r.Geo.	Md.
	FUNERAL DIREC		**	100	RESS			2So. REC	D BY REG			GISTRAR'S SI		1391
K	itchie	Bros.	Upper	Marlbor	, M	d.		DATE	1 T	2 196	DO X	Mary	les Jud	ge.

VR A15ME (5) 10M REV. 1/68



14898

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

4907

-	12000			LIVITIC	AIL OF DEATH				0 0	
	ECEASED-NAME First PETER		Middle VALTER	I	ARSON	2a. DATE O	F DEATH Manth 10 Day	y 13 Year 6	2b. HOUR	
3. SE	Male	4. RACE Cau	casian		s. date of birth 12-19-1894		6. AGE (In years last birthday) 73 YRS.	MONTHS CAYS		
caur	BIRTHPLACE (State or foreign http:// Michigan	76. CITIZEN OF WHAT		WIDOWED [nce George		M	
(Captain's Cove	give stre	E OF HOSPITAL OR INST eet address) 9214	Reed	Lane during Au	past of working	N (Kind of work done glife, even if retired.) hanic	12b. KIND O INDUSTRY	OF BUSINESS OR	
	USUAL RESIDENCE (Where dece issian) STATE Md.	ased lived, if institution 13b. COUNTY		13c. CITY OR Captai			TREET AND NUMBER 214 Reed L	ane		
	FATHER'S NAME First Peter	Middle	lost Larson		MOTHER'S MAIDEN NAME		Middle ria Carlso	n Larso	last On	
16a. Y	WAS DECEASED EVER IN U.S. AI es, no, ar unknawn) (II yes give	RMED FORCES? e war or dates of service)	66. SOCIAL SECURITY N 370-05-51		FORMANT Lulu M. La	rson	Address 9214 Reed		DXIMATE INTERVAL	
	PART I. DEATH WAS CAUS IMMED Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2. OTHER SIGNIFICANT (d	DIATE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF		of Stone fastase. THE TERMINAL DISEASE OF		EN IN PART 1(a)	3-	67-8	
CERTIFICATION	19a. DATE OF OPERATION 191	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
MEDICAL	While of wark 22a. I certify that (I) (1 saw the deceased couses stared obor 22b. SIGNATURE	HOUR A.M. P.M. e. PLACE OF INJURY (&	Manth Day Year 19 T HOME, FARM, STREET, FACT FFICE BUILDING, ETC.	d frem 9 6 8, and	ATTENDING V	la. Cit	y or Town Occurred on the do	Caunty	State at (I) (we) la	
	22d. PHYSICIAN'S NAME (Type)	ERBERT	- Cd	LSO TS	PHYS. 22e. ADDRESS	DIRECTOR L	PHYS. (070	261)	
23a.	B B C C C C C C C C C C C C C C C C C C	DATE 10-16-68	23c. NAME OF C				ION (City or Town) tland Pr		(State) Md •	
24. W	FUNERAL DIRECTOR Tilhelm Funeral	L Home 4308	Suitland	Rd. S	DATE O	BY REGISTRAR CT 17	1968 REGISTRAR'S	s SIGNATURE	ndge.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon popers. Pages should be filed with the Stote Dept. of Heolth prior to buriol, cremotion, or removal, ond in ony event, within 72 hours at **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificote be executed Page 4 moy be retoined by the hospital or ottending physicion.

24 hours ofter death

THE !

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please semane carbon papers. Pages 1 and 2 ahauld be filed with the State Dept. of Health prior to burial, cremation, ar remanal, and in any event, within 72 and 12.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	T#039		CERIII	FICATE OF DEATH							
	DECEASED-NAME First	Middle		Last	2a. DATE OF D	EATH		2b. HOUR			
(Type or print)	ederick		Lee		Month Day	5 1968	6.30			
3. S		4. RACE		S. DATE OF BIRTH	16	. AGE (In years		IE UNDER 24 HRS.			
				March 26,	1880	last birthday) 88 YRS.	MONTHS DAYS	HOURS MIN.			
70	Male 8IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8		9. COUNTY OF D						
cou	MARYLAND			IED NEVER MARRIED							
	MARYLAND	USA	WIDOW	AND		nce Georg		Md.			
U.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I give street oddress)	NSIIIUIION	(If not in hospital 120. USU	AL OCCUPATION (F	(ind of work done	12b. KIND OF B	BUSINESS OR			
	erly	Prince Geo	rges	Gen Hosp. Re		e, even if retired.) Soldier		6 J. He			
	. USUAL RESIDENCE (Where deceose nission) STATE	ed lived, if institution: Residence before 13b. COUNTY	e 13c. CITY		100.01112	ET AND NUMBER					
Juli	Maryland	Pr. Geo.	Pal	mer Park	760	9 Muncey	Road				
14.	FATHER'S NAME First	Middle Lost		IS. MOTHER'S MAIDEN NAME F		Middle		Last			
I	saac Lee			Charity	Mason						
	. WAS DECEASED EVER IN U.S. ARM		Y NO.	Joseph Lee-u							
	Yes, no, ar unknawn) (If yes give wa	or or dates of service)		Joseph Lee-u	incle-8	06 Criti	tenden	St., NV			
-	10 CAUSE OF DEATH (Enter only	y and says and line for (a) (b) and (1) 0		^			ATE INTERVAL			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:						BETWEEN DN	SET AND DEATH			
	IMMEDIAT	2 cm	ieu								
	DUE TO, OR AS A CONSEQUENCE OF										
	rise to immediate couse (0). (b) Sules work least a Carolin poculous Is I can										
	stating the underlying couse DUE TO, OR AS-A CONSEQUENCE OF										
	lost. (1) Course the Heart fourters										
	PART 2. OTHER SIGNIFICANT CON	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
7	4221	4221									
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORM			20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CER				RTIFYING			
즲				YES NO X	CAUSES OF DEATH?						
X	21g. ACCIDENT WAS UNDERLYING	G 21b. TIME OF INJURY	21								
_	210. How work occorded (Ellier Holde of Highly Hi Fort I di Fort 2, 1										
MEDICAL	(If either, notify medical exomin-		19					-			
-	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	raciber.) 21	t. LUCATION Street or R.F.D. No	. City a	Tawn	County	State			
	at wark — of work —										
	22a. I certify that () (this haspital) attended the deceased fram Sept. 21, 19.68, ta_Oct. 5, 19.68, that () (we) last saw the deceased alive an 19, and that in (my) (aur) apinion death accurred an the date and haur and fram the										
	saw the deceased alive an and haur and fram the										
	causes stated abave; (we) (did) (vix sot) view the bady after death.										
	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED										
	DEGREE PHYS. LI DIRECTOR LI PHYS. 22 10-6-68										
	22d. PHYSICIAN'S NAME (Type) PART PLANT PART PART PART PART PART PART PART PAR										
	Prince Geoge's Cen'l Hosp Cheverly, Md.										
30	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)										
В	surlar (y) / 10/9/68/ Lingoln Memorial Ceme. Maryland										
	FUNERAL DIRECTOR	1. Alelian ADDRE	97	2Sa. REC'D E	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE				
S	tewart/Funera	al Home-4001	ennir	ng Rd., NE-O	CT 9 19	968 och	carles le	edak			

1988	Territor Tradelline		
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A Same Ba			
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payed Assettly both to 100			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 149 DECEASED-NAME ROBERT Middle 2a. DATE OF DEATH death. within 24 haurs after death pup (Type ar print) and campletely filled in by the funeral Manth 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR Pages last birth NONTHS DAYS HOURS YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country! carban papers DIVORCED WIDOWED [O GITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR UNSTRUTION (If not) in fospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF during mast of warking life, even if retired.) INDUSTRY (Where deceased lived, if institution: Residence befare 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER law requires that the death certificate be exercited admission) STATE 13b. COUNTY YES 🛪 in any Middle 14. FATHER'S NAME Last please physician and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) remayal signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter anily one cause per line far (a), PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (a) crematian, Canditians, if any, which gave) rise ta immediate cause (a). physician. stating the underlying cause burial, NDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to attending TO FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES far use Health Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year State Dept. af (If either, natify medical examiner) P.M detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21e. PLACE OF INJURY Street ar R.F.D. Na. State City ar Tawn Caunty While Nat while ot wark 22a. I certify that (I) (this haspital) attended the deceased to 19 pe saw the deceased alive an-10-60 ond that in (my) (our) opinion death occurred on the date and hour and from the shauld couses stated above, (1) (we) (did) (did not) view the body ofter death. r, page 3 shau be filed with t 22b. SIGNAT 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS PHYS. 22e. ADDRE NAME (Type) directar, shauld b **BURIAL, CREMATION** CEMETERY OR CREMATORY 23d. JOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14910

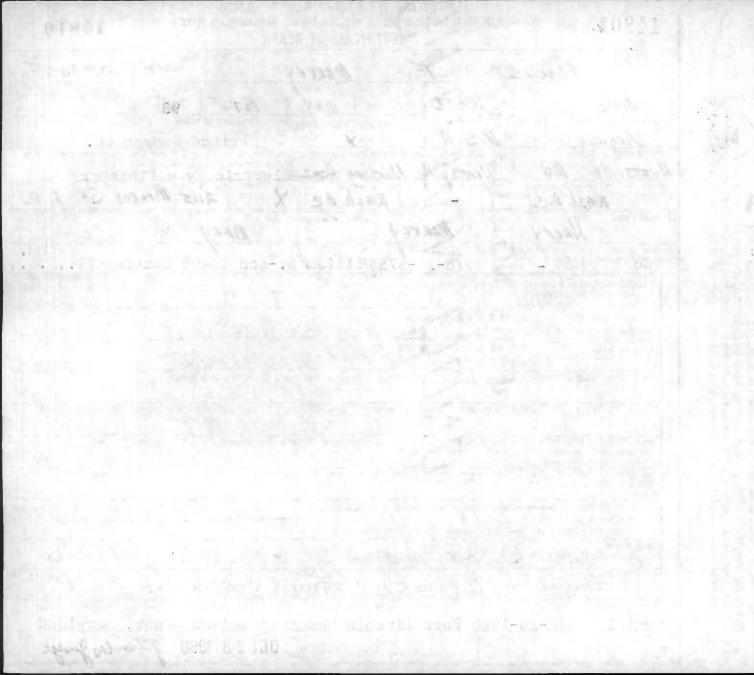
	2 2004		CER	TIFICATE OF D	EATH			·	
(1		First	Middle	Last MARKE	Y	DATE OF DEATH Month		3 Year 196	2b. HOUR 8 9 5 A M
3. SE.	MALE	4. RACE	White	S. DATE OF BIRT	1 187	6. AGE (In lost birth	doy) MO	NTHS DAYS	HOURS MIN.
coun	SIRTHPLACE (State or foreitry) //RG/N/N ITY OR TOWN OF DEATH	<i>U.</i>	S. A. WI	ARRIED NEVER MARRII DOWED DIVORCE TON (If not in hospital	D Pr	INTY OF DEATH CINCE GE UPATION (Kind of w	ork dane	CO.	Md. BUSINESS OR
	VAHSVILE USUAL RESIDENCE (Where ssion) STATE WASA	deceosed lived, if instituted, D, C, 1/3b. COUNTY			Electric NO NO	warking life, even if C Type 13e. STREET AND N 2115	Finis UMBER	-1	N.E.
14. F	ATHER'S NAME First	ARRY	MARKEY	IS. MOTHER'S MAID	EN NAME First	ARI/ U	Middle KN		Lost
16a. Y	was deceased ever in testing of unknown)	U.S. ARMED FORCES? f yes give war or dates of service)	166. SOCIAL SECURITY NO. 578-24-57.	17. INFORMANT 58Villiam	Eson		Address uttin	-	Md., S.S.,
NO	PART I. DEATH WAS 436 Canditians, if any, which rise to immediate caus stating the underlying last.	DUE TO, OR (c) DUE TO, OR (c)	RESPUTION OF THE RESPONDENCE OF	ascula Other	S COCONDITION			mi Loy yea	NSET AND DEATH
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATION WAS PERFOR	MED 2Da. AUTOPS	Y?	2Db. IF YES, WERE CAUSES OF DEATH?		SIDERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING CAUS (If either, notify medical 21d. INJURY OCCURRED While Not while	SE OF OEATH HOUR A.M. 1 examiner) P.M.	F INJURY Month Day Yeor 19 (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21c. HOW INJURY OCCUR		e af injury in Part 1 City or Town		n 18.) County	State
	220. I certify that (I) (this hospital) attended the deceosed from 1967, to 00 23, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (cor) opinion death accurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.								
	22b. SIGNATURE PHYSICIAN'S NAME (Type)	Mr. Dr	OPEN M.D.	DEGREE ATTENDING PHYS. 22e. ADDRE	SŞ		10/ V &.	23/	68 - K SPVIN
23a.	BURIAL, CREMATION, REMOVAL (Spacify) Buria	23b. DATE 10-26-196	23c. NAME OF CEME 8 Fort Lin	tery or crematory		LOCATION (City or I	,	(County) Maryl	(State) and

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely fulled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers: Peges 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 22 bears after death.

xecuted within 24 haurs after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital or attending physician.



FOR STATE HEALTH DEPT.

in Item 18. Give Pages 1, 2, and 3 ta I and 2 with the State Department of This certificate should be executed within 24 haurs after death 72 hours after death. File pages amine preside Health priar to burial, crematian, or remaval, and in any event within the funeral directar. Page 4 shauld be farwarded ta the Chief Medical TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. necessary, please execute the certificate, writing the ward "pending" DICAL EXAMINER: 5 may be retained far yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14902

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14911

	1. DECEASED-NAME	First	M Tall	Mid	dle		Last		100		KNOWN	Month	Day Yeor 2b. HOUI			
1	(Type or Print)	Freder	ick	S		Ma	rtin			OF DEATH	MATED X	10-	-12-6	68 191	OOam	
	3. SEX		S. DATE OF BIR	TH	6. AGE (In yes	113	R I YEAR	IF UNDER	24 HRS.	2c. DATE	PRONOUNCED	DEAD			2d. HOUR	
H_1	Male	White	2-14-19	906	1 -	RS.	DATS	MUUNO	min.	Mont	ם יי	Day	68	3 19 1:	27pm N	
_	7a. BIRTHPLACE (Stat	e or fareign 7b.	CITIZEN OF WH			MARRIED N	IEVER MAR	RIED 🗌	9. COU	NTY OF D	EATH		111			
1	country) Rho	de Island	U	SA	V	VIDOWED _	DIVO	RCED 🗌	Pr	ince	Georg	re I s			М	
ī	O. CITY OR TOWN O	F DEATH	11. N/	ME OF HOSPITA	AL OR INSTITUT	ION (If not in	hospitol		SUAL OC	CUPATION	(Kind of wo	rk done	12b. Ki	ND OF BUSI	NESS OR	
)	Bowie		give s	treet oddress) 21 Mar	ne Lan	е		during	most of orre	working l	ife, even if	etired.)	INDUST	S Gov		
		CE (Where deceased	lived, if institu	tion: Residence	e before 13c.		13d	. INSIDE CITY I		13e. STREI	T AND NUM	BER		1-1-1		
	odmission) SIATE	nd	Prince	George	is B	owie		YES N	10 🗆	122:	21 Mar	me]	ane			
Ī	4. FATHER'S NAME	First	Middle		Lost	1S. MOTH	ER'S MAID	EN NAME	First		Mid	dle		Last		
ı	Frederi	c Martin					Ju	lia E	R. W.	hyte						
I		VER IN U.S. ARMED FOR		16b. SOCIAL SE	CURITY NO.	17. INFORM					ADDRES	S	Bowi	e, Mo		
	(Yes, no, or unknow	WN) (If yes give war	or dates of service)	200		Eil	.een	S. Ma	arti	n 12	221 M	arne	Lan	ie		
r	18 CAUSE OF	F DEATH (Enter only o	ne couse per li	ne for (a). (b).	ond (c).)					11.19.7	S IV COL		T	APPROXIMATE ETWEEN ONSET		
1						of ch	est							ELMEEN ONSEL	AND DEATH	
1	955	MMEDIATE		AS A CONSEQU			0.1	-0.6		ACHIO	(A-1-12)	-		9-01-5		
1	Conditions, if	ony, which gove		NO A CONSEGO	LINEL OI											
1		liote couse (o),	(b)	AS A CONSEQU	IENCE OF			72.0								
1	last.	nderlying couse														
1	PART 2 OTHER	SIGNIFICANT CONDITIO	(c)	NG TO DEATH I	RUT NOT PELAT	ED TO THE TEL	PMINAL DI	SEASE OR (ONDITIO	N GIVEN IN	I PAPT 1/o1		-	,		
1	476X	SIGNIFICANT CONDITIO	NO CONTRIBUTI	NO TO DEATH	DOT NOT KEDA	LO TO THE TEL	KMIIAC DI	JEASE OK	CONDINO	II OIVEII II	TAKI I(U)					
	190. DATE OF C	PERATION		19b. CONDITIO	N FOR WHICH	OPERATION		1					12	O. AUTOPSY	?	
	ZE			WAS PERI	FORMED?									YES 🗀	NO PX	
	210. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Manth, I	Doy, Yeor	21c. HOW II	NJURY OCC	URRED (En	ter notus	re of injury	in Port 1 or	Port 2.	Item 18.1		[_]	
		OR CONTRIBUTING	HOUR A.	m 10-1	2-10 68	Shot		fat				,	,			
	21d. INJURY OC		CE OF INJURY (21f. LOCATIO					or Town	_	Caur	ntv	Stote	
1	WHILE AT WORK		y, office buildin	g, etc.)		Sa	me a	s #13		,						
		certify that I taal			المالية المالية					Ai	TY 1		7	J :		
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	death re	esulted fram:	matural caus	es L	accident V	, Suicide		Hamicid			termined i	manner				
1	ACTUAL	(1	str.	H	1	0		F MEDICAL			-	OOL DAY	r clears			
	SIGNATURE_	A	1000	2/100	NI	N	1.D.			MINER _			E SIGNED			
	EXAMINER'S NAME (Type)	7-X- 1-1	3m	Diana	- Lohar	Ma		TY MEDICA		wn, ar cau	ntul .		U-1)	-00		
-		John Keh			rdale,			7533/3116B1			,,	(n)	10	.) 10	h-h-1	
	230. BURIAL, CREMA REMOVAL (Spec	26.3 / /)-16-68						230.		(City or Tow	nt)	(Count		tote)	
-	Buria 24. FUNERAL DIRECT	T O TO	-T0-00	Ra	wlings ADDRESS	Wash.		250 DECT	DV DEC	Athe		CICTDAD	SIGNATI	Ohio		
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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Dept

Health priar ta burial, cremation, ar remaval, and in any event within 72 hours after death.

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Office alang with farm

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the funeral directar. Page 4 should be farwarded to the Chief Medical necessary, please execute the certificate, writing the ward "pending"

5 may be retained far your files.

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within 24 haurs after death any delay is periodic in 18. Give Pages 1, 2, and 3 ta

DICAL EXAMINER: This certificate should be executed within 24 haurs after death

TO DEPUTY

DIVISION OF VITAL PECOPOS

PRESTON STREET RAITIMORE MARYLAND 21201

3. SEX	12:20 pm 2d. HOUR 12:35 pm Md.
Gertrude S Mathews: 3. SEX 4. RACE S. DATE OF BIRTH OF MATE S. DATE OF BIRTH OF MATE OF MATE OF DAYS HOURS MIN. Female Negro 3-27-1900 68 yrs. 7a. BIRTHPLACE (Stote or foreign To. CITIZEN OF WHAT COUNTRY? HOWARD CO. MD U.S.A. WIDOWED DIVORCED Prince George's 10. CITY OR TOWN OF DEATH OR INSTITUTION (If not in haspital during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12b. KIND OF MINDUSTRY 13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? AND 13d. COUNTY 13d. COUNTY 1502 9th. Street 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle KATHERINE HOWAF	2d. HOUR 1.2 : 35 pmn
3. SEX	12:35pm
7a. BIRTHPLACE (Stote or foreign Country) HOWARD CO. MD U.S.A. WIDOWED DIVORCED Prince George's 10. CITY OR TOWN OF DEATH Cheverly 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddress) Oddression First Middle EDWARD B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Prince George's 12a. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 13b. KIND OF JINDUSTRY 13c. CITY OR TOWN I aurel Prince George 10 Industry 13d. MISIDE CITY LIMITS? YES NO 502 9th. Street 14. FATHER'S NAME First Middle BROOKS KATHERINE HOWAF	Md.
7a. BIRTHPLACE (Stote or foreign	
Cheverly give street address) George Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before address) INDUSTRY Odraission Fiall 13b. COUNTY Laurel 13b. COUNTY Laurel 15. Mother's MAIDEN NAME First Middle 15. Mother's MAIDEN NAME First Middle HOWAF	
Cheverly give street address George Hospital George Hospital	BUSINESS OR
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b	
odnision fall 13b. COUNTY P	
EDWARD BROOKS KATHERINE HOWAR	
	Last
	D
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
(Yes, no, ar unknawn) (If yes give war or dates of service) MRS CATHERINE BURLEY LAUREL.	MD
APPROX	MATE INTERVAL INSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure minut	
4/29 DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown	
Conditions, if any, which gove	****
rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	E3-908/
last. (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	OPSY?
WAS PERFORMED?	NO [X]
21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 121e PLACE OF INJURY (At home form street 21f IOCATION Street or R.F.D. No. Gity or Town County	
- I and the state of the state	State
WHILE NOT WHILE at WORK AT WORK AT WORK	
	my apinian
death resulted fram: Natural causes (), Accident (), Suicide (), Hamicide (), Undetermined manner (, opilion
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	
EXAMINER'S DEPUTY MEDICAL EXAMINER 10-8-68	
NAME (Type) / John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
B REMOVAL (Specify) 10-11-68 OUEENS CHAPEL CEM. MURKIRK, PR GRGS 250. REC'D BY REGISTRAR 1968 256. PROSTRARS SIGNATURE ROLL & L. &	MD
24. FUNERAL DIRECTOR 256. REGISTRAR	A

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14913 FOR FilmGho6 IMEDICAR EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN Month (Type or Print) DEATH MATED 10-26-68 Edward McCormack 6. AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD puo last birthday) PM3 11-30-1913191 White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) USA Van WIDOWED [DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Cheverly Prince George Hospital
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Prince George's Hyattsville 6722 Fairwood Road 24 hours in Item 1 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Lost Mae Beasley Edward Mc Cormack 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 212 07 2658 17. INFORMANT pencil within (Yes, no, or unknown) (If yes give war ar dates of service) Ruth E Mc Cormack Hyattsville. Md. File within APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion of coronary artery minutes Arteriosclerotic heart disease over 9 yrs DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) cremotion, or removal. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pleose execute the certificate, NO | 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote WHILE AT WORK AT WORK foctory, office building, etc.) 22a. I certify that I taak charge of the remains described above, held on Autopsy ... Inspection [32] Inquiry and in my apinion death resulted fram: Natural causes X. Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10-27-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Riverdale, Md. John Kehoe MD ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 90 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Spenify) Ft Lincoln Cemetery Colmar Manor Pro Geo Md. Oct29, 1968 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VR A15ME (5) 1968 10M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed Poge 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

12000		VIIAL RECORDS	CERTIFIC				KIDAND ZIZO		149	14
1. DECEASED-NAME	First	Middle		Last		2o. DATE OF	DEATH			2b. HOUR
(Type or print)	Richard	J	McGa	arry		Oct.	Manth 8,	Do 196	8 Tear	8 P.
3. SEX	4. RACE			S. DATE OF			6 AGE (In years	IF U	NDER 1 YEAR	IF UNDER 24 HRS.
Male	Cauc	asian		3/4/	15-		last birthday)	YRS. MON	THS DAYS	HOURS MIN
o. BIRTHPLACE (State or t		HAT COUNTRY?	8. MARRIED	XXVEVER MA	ARRIED	9. COUNTY OF	DEATH			
country ew Jers	ey U.S	. A.	WIDOWED		ORCED 🔲	Prince	George	s		Me
Q. CITY OR TOWN OF DEA	TH 11. N	AME OF HOSPITAL OR IN	STITUTION (If r	not in hospitol	12o. USUA		(Kind of work d		2b. KIND OF NDUSTRY	BUSINESS OR
Cheverly		street oddress) nce Geo.Ge			l auring mo	resser	life, even if retir	ea.)	clot	hs
3a. USUAL RESIDENCE (WI	here deceased lived, if institu	tion: Residence befare	13c. CITY OF	R TOWN	13d. INSIDE CITY LIA		REET AND NUMBE			
dmission) STATE New Jersey	JSB. COUNTY		Paters	ona	YES NO	□ 31A	Alabama	a Ave	nue	
	irst Middle	Last	1		MAIDEN NAME FI		Midd	le		Last
	Thomas Mc Gar				Rose Kel	Lley				
Yes no or unknown)	IN U.S. ARMED FORCES? (If yes give wor or dates of service)	16b. SOCIAL SECURITY		INFORMANT		73	Addre			
Yes, no, or unknown)	(If yes give war or dates of service)	143 07 8	537 1	kegina	McGarry	y Pa	terson	N.		
	H (Enter anly one cause per !	ine far (a), (b), and (c).)						BETWEEN (IMATE INTERVAL ONSET AND DEATH
PART 1. DEATH	WAS CAUSED BY: !MMEDIATE CAUSE (a)	Bilateral	Bronch	nial Pr	eumoni:	a. acut	e. with	- 4	-	
1485	/	AS A CONSEQUENCE OF					ation.			6-2-3-
Conditions, if any, w		AS A CONSEQUENCE OF			ausces	S TOTI	lat Ion.			
rise to immediate	cause (a), (DUE TO OR	AS A CONSEQUENCE OF			-				7 776	
stating the underly lost.	ing cause DUE 10, OK	AS A CONSEQUENCE OF								
	IFICANT CONDITIONS CONTRIBI	ITING TO DEATH BUT I	HOT DELATED T	O THE TERMIN	AL DISTASE ODG	ONDITION CIVE	N IN DADT 1/-)			
LIQ / J	IFICANT CONDITIONS CONTRIBU	JING TO DEATH BUT I	YOI KELATED I	O THE TERMIN	IAL DISEASE ORC	ONDITION GIVE	IN IN PART I(U)			
19g. DATE OF OPERATI	ON 19b. CONDITION FOR WI	HICH ODEDATION WAS D	EDEODMED	RMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS			NGS CONSI	DEPEN IN C	EDTIEVING	
19a. DATE OF OPERATI	ON 1750. CONDITION FOR WI	TICH OFERATION WAS F	EKTOKMED				S OF DEATH?	NOS CONS	DEKED IN C	LKTII TINO
210. ACCIDENT WAS	HADEDI VINC TOLL TIME C	of INITIDY	101. 11	YES NO ADDRESS OF DEATH? YES 11c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Ite					10 \	
		Month Day Yea		UW INJURY U	CLUKKED (Enter	noture of inju	iry in Port I or Po	irt 2, ifem	18.)	
(If either, notify med	dical examiner) P.M.		19							
≥ 21d. INJURY OCCURE While Nat while		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ACTORY.) 21f. L	OCATION Str	eet or R.F.D. Na.	City	or Town	C	ounty	State
at work at work							-		3	
22a. I certify th	at 🙀 (this haspital) att	ended the deceas	sed fram	Sept.	2, 1968	3, ta	Oct. 8,	, 19.68	, that	* (we) la
saw the de	at (*) (this haspital) att ceased alive an Oct ed above, (*) (we) (did)	day a day	19 68 an	d that in ((aur) api	nian death	accurred an th	ne date d	and hour	and fram th
	ea above, My (we) (ala)	Handriery view the	bady affer	death.	1			OO. DATE	CICNED	
22b. SIGNATURE			250	ATTENI	DING M	ED.	STAFF	22c. DATE	. 9,	1968
and numericanis	10000109		DEG	11113.		IRECTOR L	PHYS.	000	. ,	1,00
22d. PHYSICIAN'S NAME (Type)	V. Charles	M. D.		22e. Al		raele C	eneral 1	Hoeni	tal (heverl
					ice Geoi					
3a. BURIAL, CREMATION,	23b. DATE		CEMETERY OR			1	ON (City or Town)			iagy an
REMOVAL (Specify) Burial	Oct 12, 196	8 Holy	Sepul	dhne C	emetery	Totowa	a-Boro	Passa	is l	٧J.
24. FUNERAL DIRECTOR	a 6	ADDRES		ма	2Sa. REC'D B	Y REGISTRAR	2Sb. REGIST	RAR'S SIGI	NATURE	
F.	Gasch's Sons	: Ilyatts	ATTIE,	riu.	DATE	14 18	JOD XU	Marye	er for	Age.

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Prince Geo. General Hospital

O FUNERAL DIRECTOR: After director, poge should be filed VR A15 (4)

sicion and completely filled in by the for please remove carbon papers. Pages 1, and in any event, within 72 hours after

signed by the attending physicion burial-tronsit permit. Then please

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24. FUNERAL DIRECTOR **ADDRESS** William A. Parker, Assoc. Administrator

10/26/68

250. REC'D BY REGISTRAR DATE OCT 29

Cheverly, Maryland

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	-	63 79 1		VITAL RECORDS,	301 W. PR	STON STREET	, BALTIMO		/LAND 2120	1 14	916
		CEASED-NAME First ype or print) Virconia	Tymn	Middle		lost ee Twin	20	DATE OF D	EATH Month 9	Day 1968 Year	2b. HOUR 8:20PM
	3. SE	X /7	aby / CT	7/////		DATE OF BIRTH			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Female	Caucas	ian		Oct. 9,	1968		last birthdoy)	/RS. MONTHS DAY	HOURS MIN.
	cant		7b. CITIZEN OF WE		8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	M	DUNTY OF D ince G	eorge's		Md.
4	10. C	ITY OR TOWN OF DEATH Cheverly	11. Na	AME OF HOSPITAL OR INS street oddress) ince Geo.G			2a. USUAL OC	CUPATION (Kind af wark do fe, even if retire	ne 12b. KIND (OF BUSINESS OR
6	13a. admi	USUAL RESIDENCE (Where decease issian) STATE Maryland	d lived, if institut	ion: Residence befare George's	13c. CITY OR T	OWN 13d. 1	NSIDE CITY LIMITS?	-	et and number 24th P		
1		ATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN	NAME First		Middle		Last
		WAS DECEASED EVER IN U.S. ARMI		McGehee 16b. SOCIAL SECURITY N		inda Anı ORMANT	ne Fowl	ler	Addres	s	
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	BY: E CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	Marker A CONSEQUENCE OF AS A CONSEQUENCE OF	l pre	mator	1			APPR(BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	N	PART 2. OTHER SIGNIFICANT CONI $776 \times$	DITIONS <u>CONTRIBU</u>	TING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DIS	EASE OR CONDI	TION GIVEN	IN PART 1(a)		
1	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20a. AUTOPSY?	NO 🔲		ES, WERE FINDIN OF DEATH?	GS CONSIDERED IN	CERTIFYING
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomin	HOUR A.M.			/ INJURY OCCURR	ED (Enter not	ure of injury	in Port 1 or Por	t 2, Item 18.)	
	ME	21d. INJURY OCCURRED 21e. 1 While Nat while at work	PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21f. LOC	ATION Street or	R.F.D. No.	City or	r Town	County	Stote
		22a. I certify that (1) (12a) saw the deceased at couses stated above.	ve an Oct (I) (page) (did)	ended the decease	d fram_Oc 9.68_, ond oady after de	t 9, thot in (my) (s ath.	_, 19 <u>_68</u> gy () opinior	, to <u>O</u> n deoth oc	ct. 8,, curred an th	19 <u>68</u> , the dote ond hou	at (I) (same) lost rond from the
		22b. SIGNATURE	1/2	M	DEGREE	ATTENDING PHYS.	MED. DIRECT			22c. DATE SIGNED Oct. 11	
1	,	22d. PHYSICIAN'S NAME (Type) . Irac	ji Maha	davi M D	3	22e. ADDRESS 6821 I			. Rive	rdale,Md	.20840
		BURYAL (PEMATION, 23b. D REMOVAL (Specify)	ATE 0/26/68	23c. NAME OF C	Geo. G	REMATORY eneral H	Hosp. 23	d. LOCATION Cheve:	(City or Town)	(County)	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after dea TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 30M REV. 1.3

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executed within 24 haurs after death.

Administrator

250. REC'D BY REGISTRAR
DATE OCT 2 9

25b. REGISTRAR'S SIGNATURE
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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18-500 Pages

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death

TO DEPUTY

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State

Health priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. DECEASED-NAME	First		Midd	lle	Los	t			KNOWN	Month	Day	Year	2b. HOU
(Type or Print)	George	9	M		McSween	מדר		OF DEATH	ESTI-	10-2	22-68	19 4	44.5pm
3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In year	IF UNDER 1 Y	AR IF UNDER			PRONOUNG		0.0		2d. HOU
Male	White	2-25-19	72	last birthday	RS. MONTHS 0.	AYS HOURS	MIN.	Mont	th	25°Y	AYes	19 8	09pm
7a. BIRTHPLACE (Sta		b. CITIZEN OF WHA			MARRIED NEVE	R MARRIED 🗍	9. COL	JNTY OF D	EATH	22		., 0.	V/Pin
country)	ANAMA		19		IDOWED 🗍	DIVORCED [1	Paine	e Geo	ngo I			,
10. CITY OR TOWN (OF DEATH	11. NA	ME OF HOSPITA	L OR INSTITUT	ION (If not in hos	pitol 12o.	USUAL OF	CCUPATION	(Kind of v	work done	12b. KIN	ID OF BUS	SINESS OR
01	7	give s	reet oddress)	uma U		durin	g most o	f working	life, even	if retired.)	INDUSTR	ENSE	hep]
Cheve 130. USUAL RESIDE	NCE (Where deceose	d lived, if institu	tion: Residence	before 13c. C	ospital ITY OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STRE	ET AND NU	JMBER	Ther	CIAZE	1)514
IAP Indistinbo	and I	Lince, C	eorge Is	Blac	lenshurg	YES X	NO 🗌	503	0 57+	h. As	re.		
14. FATHER'S NAME	First	Middle		Lost		MAIDEN NAME	First	1	1	Middle		los	1
			UNKNO	IIIN	70.00					UNK	NOW	N	
	EVER IN U.S. ARMED FO	ORCES?	16b. SOCIAL SEC		17. INFORMANT	4	DAV	2	ADD	RESS A A P		1 01/	/Δ
(Yes, na, ar unkno	own) RETIRE	or or dates of service) D. USM C	57718	3958	17. INFORMANT MARGUI	ERITE	I. MIC	SWEE	NEY	ME	:NLU/	1000	1,1
17	OF DEATH (Enter only	-										APPROXIMATE	
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Conditions, if	any, which gave		NO A CONSEQUI	TACE OF TATE	CCLIOSO	TCTOOTC	, IICC	zi o a	1300		OV		yrs.
	diote cause (a).	(b)	AS A CONSEQU	FNCE OF	100				100	7.00			7.2
lost.	underlying couse	, , , or	AS A CONSEGO	LIVEL OF									
PART 2 OTHER	R SIGNIFICANT CONDIT	(c)	NG TO DEATH F	HIT NOT PELAT	ED TO THE TERMIN	IAL DISEASE OF	CONDITIO	ON CIVEN I	N PART 1/e	1	-	-	
12.0		TONS CONTRIBOTI	NO TO DEATH E	OI NOI KEENI	ED TO THE TERMIN	INC DISCASE OK	CONDITIO	ON GIVEN I	in that ite	,			
19a, DATE OF	19a, DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION							20	D. AUTOPS	Y?
ZE			WAS PERF	ORMED?								YES 🗀	NO PC
190. DATE OF	L CAUSE WAS	21b. TIME OF	NJURY Month, I	Dov. Yeor	21c. HOW INJUR	Y OCCURRED (F	nter noti	use of injur	v in Port I	or Port 2.	Item 18.)	125	
	OR CONTRIBUTING	HOUR A.	Λ.	19	7.0	,			,				
PRIMARY CAUSE OF DEA		P.I LACE OF INJURY (/			21f. LOCATION S	treet or R.F.D. No	0.	City	or Town		Count	ty	Stote
WHILE AT WORK	- 1	ary, office building		311001,	2111 20 2111011 3			City	0. 10			la la v	
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deoth	resulted from:	Natural caus	es A	ccident	, Suicide [etermine	d monner			
ACTUAL		d. 10	1/	27		CHIEF MEDICA		-		001 847	T CLONED		
SIGNATURE.	- 1	my	V/	/	M.D.	ASSISTANT ME					E SIGNED	10	
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NAME (Type		ehoe MD		erdale,	ERY OR CREMATO					Taa)	IC aug 5	1 0	CA-4-2
BURIAL, CREM		-26-19		TUART		METERY		STUP	N (City or 1	1 A L	(County) (5	Stote)
24. FUNERAL DIREC		- 70 11	0 3	ADDRESS						REGISTRAR"	SIGNATII	DE	
24. FUNERAL DIREC		- 0	n	WDDKESS	LADULA	25g RE	7 7 6	10C	0 230	NODIKAK.	SIGNATO	V.F	

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Pages 1 and 2

ter death.

xecuted within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14918

1. DECEASED-NAME	First	Middle	Last	2a. DATE OF DEATH Oct Day	1 1968 2b. HOUR
(Type or print)	Robert	Н	Melvin sr.	Manth Day	Year
s: SEX maile	4. RACE whit	е	S. DATE OF BIRTH April 16, 18	last hirthday	F UNOER 1 YEAR OF UNOER 24 HRS. ONTHS OAYS HOURS MIN.
70. BIRTHPLACE (Stote or fo	lina US	A WII	DOWED DIVORCED	9. COUNTY OF DEATH Prince George's	M
O. CITY OR TOWN OF DEAT	give	AME OF HOSPITAL OR INSTITUT Tince George	's Hospital during mo	L OCCUPATION (Kind of work done st of working life, even if retired.) Ato Dealer	12b. KIND OF BUSINESS OR INDUSTRY Automobiles
13a. USUAL RESIDENCE (Who admission) STATE Md	ere deceased lived, if institu 13b. COUNTY Pro		adensburg 13d. INSIDE CITY LIV	13e. STREET AND NUMBER 4200 53 Place	Apt #1
14. FATHER'S NAME Fi	rst Middle niel H Melvin	Lost	15. MOTHER'S MAIDEN NAME FI	rst Middle Furmidge	Lost
16a. WAS DECEASED EVER (Yes, na, ar unknawn)	N U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 578 01 5256	Lillian H. Mel	vin Bladensburg,	Md.
Conditions, if ony, whose to immediate constanting the underlying	IMMEDIATE CAUSE (o)	AS A CONSEQUENCE OF		CREAS	BETWEEN ONSET AND GEATH
190. DATE OF OPERATION 10 - 106 210. ACCIDENT WAS	TERIOSCI. IN 19b. CONDITION FOR WE ARCINOS UNDERLYING 21b. TIME O HOUR A.M.	eratic He HICH OPERATION WAS PERFORM 19 14 CFE VANICRES FINJURY	YES NO	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
saw the dec	D 21e. PLACE OF INJURY at (1) (this haspital) att	ended the deceased fr	رمر (مرر) (my) (apir apir مر) apir مراكب	City or Town , ta 10-12, 192 nion death accurred an the date	Caunty State , that (I) (we) la and haur and from th
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	. Deitz	M.D.	DEGREE ATTENDING DOM DI PHYS. 22e. ADDRESS Pro Geo Pla	AZA Hyattsville	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 15, 196	·	p Methodist church	h Friendship Cal	
24. FUNERAL DIRECTOR F.	Gasch's Son	ADDRESS Hyattsvi	lle, Md. DATIOCT		as Indee

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, director, page 3 should be detached far use as the burial-transit permit. Then please remave carban page should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within V. VR A15 41 30M REV.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14919 14910 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Last 20. DATE-OF DEATH deoth. 2b. HOUR within 24 hours after death. the funeral (Type or print) Manth tELE. ERSUN by the fun Pages 1 (Jours after of 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) DAYS HOURS 62 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Affed In WIDOWED S DIVORCED 10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dang 12b. KIND OF BUSINESS OR give street address during most of working life, even if setired INDUSTRA moletely and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed 13b. COUNTY 14. FATHER'S' NAME Middle 1S. MOTHER'S MAIDEN NAME First Last Middle physician and Lost 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor ardates of service) Yes, no, or unknown) or removal, signed by the ottending phy buriof-transit permit. Then 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' buriol, cremotian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove: 125cla rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T 21a. ACCIDENT WAS UNDERLYING by the hospitol or 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. Na. City or Town County Stote While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from Jow , 19 7, ta or , 19 8, that (I) (we) lost saw the deceased olive on 19 8, and that in (my) (our) opinion death occurred on the date and hour and from the TO HOSPITAL OR ATTEND Poge 4 moy be retained couses stated obave, (1) (we) (did) (did nat) view the body after deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ARNUL 230. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (County) (Stote) REMOVAL (Specify)

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2Sa. REC'D BY REGISTRAR

2Sb.

1968

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24. JUNERAL DIRECTOR

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certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deothy Poge 4 moy be retained by the hospitol or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14921

Ц.				CENTILICATE C	DEATH					
1	DECEASED-NAME	First	Middle	Last	2	o. DATE OF DEATH			2b.	HOUR
ı	(Type ar print)	James	T.	Millard		Oct. Month	8. Doy	1968ear	4	P.
3	. SEX	4. RACI		5. DATE C	F BIRTH	6. AGE (In	years	IF UNDER 1 YEAR	. 1	
	Male	Ca	aucasian	Aı	gust19,190	O lost birth	day) YRS.	MONTHS DAY	S HOURS	MIN.
	o. BIRTHPLACE (State or	foreign 7b. CITIZE	N OF WHAT COUNTRY?	8. MARRIED NEVER		OUNTY OF DEATH				
(ountry) Mary]	and I	ISA			rince Geor	ge's			М
1	O. CITY OR TOWN OF DE			NSTITUTION (If nat in haspit		CCUPATION (Kind of w		12b. KIND (OF BUSINES	
	Cheverly	DOA		Gen'l Hospi	al during most o	of working life, even it rpenter	retired.)	INDUSTRY		
1	30. USUAL RESIDENCE (\ dmission)		f institution: Residence befor		13d. INSIGE CITY LIMITS?	1				
			Ince George's			2209 San		Rd.		
ľ	4. FATHER'S NAME	First	Middle Last	IS. MOTHER	MAIDEN NAME First		Middle		Last	
L			1.41							
ľ	6a. WAS DECEASED EVEL Yes, na, ar unknawn)	(If yes give war or dates of	S? 16b. SOCIAL SECURIT	YNO. 17. INFORMANT 3533-A Dewit			Address	per Ma	rlbon	roMe
F			577-30-	3533-A Dewit	t T. Gall	ahan 2209	Stans	bury R	XIMATE INTER	20/4
ı			se per line far (o), (b), ond (c).)					ONSET ANO	
ŀ	PART I. DEATE	WAS CAUSED BY: IMMEDIATE CAUSE	(o) Acute Cer	ebellar Infa	rction.					
ı	4007		TO, OR AS A CONSEQUENCE O)F						
ŀ	Canditions, if ony,		(b) Right Bro	nchopneumon:	a.					
	rise to immediate		TO, OR AS A CONSEQUENCE O							
l	lost.	(mg coose)	(c)							
ı	PART 2. OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1	(0)			
ı	2332X									
ı	19a. DATE OF OPERA	TION 19b. CONDITION	FOR WHICH OPERATION WAS	PERFORMED 20a. A	UTOPSY?	20b. IF YES, WERE		ONSIDERED IN	CERTIFYIN	G
ı	를			YES	XX NO	CAUSES OF DEATH?	Yes			
		UNDERLYING 216	TIME OF INJURY		2242	ture of injury in Port 1		Item 18.)		
ı	OR CONTRIBUTING [UR A.M. Manth Day Yes P.M.					,		
ı	(If either, natify m			FACTORY.) 21f. LOCATION	treet or R.F.D. No.	City or Town		County		Stote
ı	While Not whi	e	OFFICE BUILDING, ETC.	/ 2 200	Moor or Kirler Her	any an ionit		,		
ı	at work at work		al) attended the decec	rod from 9 . 11	10 68	, to Oct. 8	10	68_, the	n+ (1) 4nn	-a) la
ı	saw the d	eceased alive an	Oct 8		(my) (eur) aninia	n death accurred o	in the da	ite and hou	r and fro	nm th
ı	causes sto	ted abave, (I) (we	Oct 8) (did) (did not) view th	e bady after death.	() (MAL) aprilla	ii dodiii decomod (III IIIC GG	ne ana nao	i dila ire	4111 11
ı	22b. SIGNATURE	. 0	7					DATE SIGNED		
Г	-	Three 5	2 Donor	DEGREE PHY	NDING MED.	TOR STAFF I	□ 0c	t. 9,	196	8
ı	22d. PHYSICIAN'S				ADDRESS		100			
l	NAME (Type)	0111101	Bond, M. D.	68	72 Divorda	le Rd. La	nh am	Md. 2	0801	
1	30 BURIAL CREMATION			F CEMETERY OR CREMATOR	y 2	3d. LOCATION (City or 1	lown)	(County)	(Stote	0)
1	REMOVAL (Specify)			ohany	25	Forestvil			Md	,
H	A CHNCDAY DIDECTOR	10ct. 12	1968 ADDRE		2So. REC'D BY RI			SIGNATURE	2100	
13	24. FUNERAL DIRECTOR	- 1/2 10	ADDRE	14 Q C	OCT 1	4 1968 A		SIGNATURE CA	100	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14922

SEX		13274	CEN	CHIFICALE OF DEATH		IIIV	, No
Second S		IT			2a. DATE OF DEATH		2b. HOUR
Second S	((Type or print) Eu	nic e Catherine	e Millwood	Oct. 17,	1968 Year	1:30 ^{P_M}
BIRTIPPIACE (Stote or foreign unity) South Carolin To UTIZEN DE WHAT COUNTRY? S. MARRIED NEVER MARRIED Prince George's Prince George's NEW Prince George's S. MARRIED NEW PRINCE Prince George's S. MARRIED NEW PRINCE Prince George's S. MARRIED NEW PRINCE Prince George's S. MARRIED New Prince George's New Prince George S. Married New	3. S	SEX		S. DATE OF BIRTH	A AGE (In years		IF UNOER 24 HRS.
South Carolina U.S. A WIDOWED DIVORED DIVORED Prince George's	L				61 YRS		nouls min.
Carolina U S A Substitution State Substitution Substitut	7a.	I. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	-	
Cavery C	-	South Caroli	na U S A W	IDOWED DIVORCED			Md.
DUSINAL RESIDENCE (Where deceased lived, if institution: Residence before pission) STATE Md 13b_COUNTY Geo Lost 13c. CITY OR TOWN 1yattsville 13d NOSIDE CITY LIMITS? FATHER'S NAME first Middle Lost Childers a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) OR yes were or detected a ferroles. 16b. SOCIAL SECURITY NO. 247-07-6290 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Bilateral purulent Tracheobronchitis RETWINEN ONSIT AND DEL TO, OR AS A CONSEQUENCE OF Cancer of the right lung with containing the underlying couse lost. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) and Broncho-pneumonia. DUE TO, OR AS A CONSEQUENCE OF Cancer of the right lung with (b) wide-spread metastasis. DUE TO, OR AS A CONSEQUENCE OF Generalized Arteriosclerosis indicated. (c) Cachexia. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) Wide-spread metastasis. DUE TO, OR AS A CONSEQUENCE OF Generalized Arteriosclerosis indicated. (a) Cachexia. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) Wide-spread metastasis. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSED WING. CAUSE OF ORATH III (either, notity medical exame somether) P.M. HOUR A.M. Month Day Year 19 21d. AUDIEN OCCURRED WING CAUSE OF ORATH III (either, notity medical exame somether) P.M. HOUR A.M. Month Day Year 19 21d. INDEX OCCURRED WING CAUSE OF ORATH III (either, notity medical exame somether) P.M. HOUR A.M. Month Day Year 19 21d. INDEX OCCURRED WING CAUSE OF ORATH III (either, notity medical exame somether) P.M. HOUR A.M. Month Day Year 19 21d. INDEX OCCURRED WING CAUSE OF ORATH III (either, notity medical exame somether) P.M. HOUR A.M. Month Day Year 19 21d. INDEX OCCURRED WING CAUSE OF ORATH III (either, notity medical exame somether) P.M. HOUR A.M. Month Day Year 19 21d. HOUR A.M	10.), CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITU	during mg	L OCCUPATION (Kind of work done state working life, even if retired.)	12b_KIND OF INDUSTRY IEXTI	BUSINESS OR 1e
Considers Childers Childers Nettie Pettie Consideration of the process of the process of the process of the process of the part of the process of the pr	13a.	a. USUAL RESIDENCE (Where decease	d lived, if institution: Residence before 13c	. CITY OR TOWN 13d. INSIDE CITY LIA		ace	
Yes, no, or unknown No	14.		Childers				last
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) and Broncho-pneumonia,	16a	Yes, na, ar unknawn) (If yes give we			Hyattsville,	Md.	
HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Statutark at work 22o. I certify that (I) (this hospital) attended the deceased from 9/26 , 19.68 , to 10/17 , 19.68 , that (I) (we sow the deceased alive on 10/17 19.68 , and that in (my) (our) opinion death occurred on the date and from couses stated obove (I) (ye) (did) (did not) view the body ofter death.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF (b) wide-spread m DUE TO, OR AS A CONSEQUENCE OF Ge (c) Cachexia.	Cancer of the right netastasis. eneralized Arterio	osclerosis indic	cated.	
HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Statutark at work 22o. I certify that (I) (this hospital) attended the deceased from 9/26 , 19.68 , to 10/17 , 19.68 , that (I) (we sow the deceased alive on 10/17 19.68 , and that in (my) (our) opinion death occurred on the date and from couses stated obove (I) (ye) (did) (did not) view the body ofter death.	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PERFOR			CONSIDERED IN CE	RTIFYING
While Not while at wark at wark 10 of FICE BUILDING, ETC. 11 to Cannot Sheet at X.1.5. Its. 11 to Cannot Sheet at X.1.5. Its. 12 of Tax 12 of Tax 13 of Tax 14 of Tax 15 of Tax 15 of Tax 16 of Tax 16 of Tax 16 of Tax 16 of Tax 17 of Tax 18 o	MEDICAL CER	OR CONTRIBUTING CAUSE OF OEATH	HOUR A.M. Manth Day Year P.M. 19			2, Item 18.)	
couses stoted obove (I) (y/e)/(did) (did not) view the body ofter deoth.	ME	While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	The second second			State
		couses stoted obove	hospitol) attended the deceosed five on 10/17 1968 (I) (ve) (did) (did not) view the bod	rom	8_, to10/17, 1 nion deoth occurred on the c	9 <u>68</u> , that date and hour	(I) (we) lost and from the
DEGREE PHYS. ATTENDING MED. STAFF DIRECTOR PHYS.		22b. SIGNATURE	Lanat		ED. STAFF 220	c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type) Dr. Ohannes Sahakyan 22e. ADDRESS 6001 Landover Rd., Cheverly, Md. 20785		*********		6001 Landov		,Md. 207	85
DESIGNATION OF THE PROPERTY OF	23 a.		20, 1968. Clifton	Cemetery	Clifton		(State) S C

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14923

TANA			CLKIII	ICAIL OF DEAT	11		THUK	10
1. DECEASED-NAME	First		Middle	Lost	2o. DATE	OF DEATH	, and the second	2b. HOUR
(Type ar print)	John			Moniz	Oct	Month 6	1968 Year	10 A.
3. SEX	4. R			5. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		Caucasian		March 8	1914	lost stylodoy)	MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (State ar cauntry) New 1		IZEN OF WHAT COUN USA	TRY? 8. MARR WIDOW	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY	of DEATH e George's		Mo
10. CITY OR TOWN OF DE Cheverly		give street odd Prince		Hospital during		ON (Kind of work doning life, even if retired.		
130. USUAL RESIDENCE (Vadmission) STATE New York	Vhere deceased live	, if institution: Residence (OUNTY)		OR TOWN 13d. INSIDE OF YES TOWN		STREET AND NUMBER 28 Leffets	St.	
14. FATHER'S NAME	First labriael l	Middle loniz	Lost	15. MOTHER'S MAIDEN NAM	ME First elina Pa	Middle		Last
16o. WAS DECEASED EVE Yes, na, ar unknawn)		of service)	12 0393	17. INFORMANT Hospital rec	3-	Address	Ma	
	WAS CAUSED BY: IMMEDIATE CAU D which gove cause (o),	couse per line for (o)	SEQUENCE OF	Cardiac ete Myoc orcleratio	Tamp ardin Hea	Sonade e deface	APPROXI	IMATE INTERVAL ONSET AND DEATH
4201	NIFICANT CONDITION	CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE		GUIS		
190. DATE OF OPERA	TION 19b. CONDIT	ON FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY? YES \ NO		o. IF YES, WERE FINDING: JSES OF DEATH?	S CONSIDERED IN CI	ERTIFYING
21a. ACCIDENT WA	CAUSE OF DEATH	P.M.	Doy Year 19	c. HOW INJURY OCCURRED (injury in Port 1 or Port	2, Item 18.)	
While Not whi				f. LOCATION Street ar R.F.D		City or Town	Caunty	Stote
220. I certify to saw the couses sto	hat (雅 (this hos leceased alive o ated abave, 쉱 (pitol) ottended t n_Oct 16 we) (did) (did) o	the deceased from 19 <u>68</u> , view the body af	Oct. 10,,) ond that in (my) (our) ter death.	9 <u>68</u> , to_ opinion deof	th occurred on the	19 <u>68</u> , thot dote ond hour	(we) last
22b. SIGNATURE	Wee	uaux	mo	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	10/16/	6P
22d. PHYSICIAN'S NAME (Type)	T.V.	Henri	ANDEZ, M	22e. ADDRESS RI	NCE	600. GON	J. HOSP.	Jac.
230. BURIAL, CREMATION REMOVAL (Specify)			3c. NAME OF CEMETERY Pine Lawn	Cemetery	Long	ATION (City or Town) Island Qu		(State)
24. FUNERAL DIRECTOR	Gaech!e	Sons Hva	ADDRESS ttsville.	Md. 25o. REC	CT 2. 1	1968 PEGISTRA	R'S SIGNATURE	day

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled i director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

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death.

be executed within 24 haurs after death.

VR A15 (4) 30M REV. 1/68

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VR A15 (4) 30M REV. 1/68

41041		MARYLAND STATE DEPARTMENT OF HEALTH
14914		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Item 23	Film	GLOS 10/21/68 kk CERTIFICATE OF DEATH

14924

	First Middle	Lost		20. DATE OF DEA		Vaca	2b. HOUR
(Type or print)	Josephine	Moore		Oct.	Month 10 Doy	1968	10:30
SEX	4. RACE	S. DATE O	BIRTH	6. /	AGE (In years	IF UNOER 1 YEAR MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
Female	Negro	D	ec 9, 191	.2	st birthdoy) 55 YRS.	mortina onta	INJUNO MIN.
o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	WARRIED 9.	COUNTY OF DEA	TH		
ountry) Va	USA			Prince (George's		Mo
). CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospit	ol 12o. USUAL (OCCUPATION (Kin	d of work done		BUSINESS OR
Cheverly	Prince Geo.	Gen'l Hospit	al during mass	of working life,	even it retired.)	NDUSTRY IOUSEW	ork
Bo. USUAL RESIDENCE (Where d	eceosed lived, if institution: Residence before		13d. INSIDE CITY LIMITS	_	AND NUMBER		
dmission) STATE Maryland	TITITE GEOTEE S			2010	Nash St	NE	
4. FATHER'S NAME First	Middle Losi	IS. MOTHER'S	MAIDEN NAME First		Middle		Lost
	rt Banks		llari	ett Jone			
	. ARMED FORCES? s give war or dates of service) 230 38 5	403			Address	27.2	
no	20U 00 C	HO HO	spital re	cords	Cheverl		MATE INTERVAL
18. CAUSE OF DEATH (Ent PART 1. DEATH WAS C	er only one couse per line for (o), (b), ond	(c).) 0 14	2	1.0.05			ONSET AND OFATH
	MEDIATE CAUSE (0)	rat Tu	suon	ene	>		
4017	DUE TO, OR AS A CONSEQUENCE	OF		0			
Conditions, if ony, which g	(b)						
stoting the underlying co		OF				11.67	
last.	(c)						
PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART 1(o)		
33/X							
190. DATE OF OPERATION 210. ACCIDENT WAS UNDE	19b. CONDITION FOR WHICH OPERATION WAS		UTOPSY?	CALLER OF	WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
ALL LANGE CONTRACTOR OF THE PROPERTY OF THE PR		YES	<u> </u>				
210. ACCIDENT WAS UNDE			OCCURRED (Enter no	oture of injury in	Port 1 or Port 2,	Item 18.)	
(If either, notify medical e	xominer) P.M.	19					
While Not while of work	21e. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		Street or R.F.D. No.	City or T		County	Stote
22o. I certify that) (this hospitol) ottended the dece	osed from Sept.	23 , 1968	_, to_Oct.	9 , 19.	_68_, that	(1) (we) lo
sow the deceose) (this hospitol) attended the dece ed alive on the bove (1) (we) (did) (did pat) view to	_19_68, and that in	(my) (our) opinio	on deoth occu	rred on the do	ite ond hour	ond from th
22b. SIGNATURE	bove (we) (did) (Jacob) view i	ne body oner deom.				DATE SIGNED	
	Laluel	DEGREE PHYS	NDING MED		AFF IYS. XXI O	ct. 9.	1968
22d. PHYSICIAN'S	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ADDRESS		,		
NAME (Type)	hannes Sahakyan, M.	D. Pr	ince Geor	ge's Ger	1 Hosn	ital Ch	everly.
30. BURIAL, CREMATION,	23b. DATE 23c. NAME	OF CEMETERY OR CREMATOR		23d TOCATION (rysend
REMOVAL (Specify)		wook	K	Will	le s	100	
4. FUNERAL PIRECTOR	ADDR	ESS	2So. REC'D BY F	REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
F. Gasch	's Sons Hyattsy	ille. Marvla	nd DATE OCT	T 1 / 19	GR OCL	sula O	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ATE OF DEATH

-		the same of the sa		FIXILI	CAIL OI	DEATH				
	ECEASED-NAME Type or print)	First	Middle		Last		2o. DATE OF		Year	2b. HOUR
1.	Type or pining	Maude	C.		Moore		Oct	ober 13,	1968	A N
3. SE	Female	4. RACE W1	ite		S. DATE OF June	28, 189	91	6. AGE (In years last birthdoy) YRS.	MDNTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
	BIRTHPLACE (State or for	eign 7b. CITIZEN OF W		B. MARRIED WIDOWED	NEVER MA	ARRIED	9. COUNTY OF Prince	Georges		Md
1D. (CITY OR TOWN OF DEATH	11. M give	AME OF HOSPITAL OR INST	TITUTION (IF	not in hospital Hospit	al during m		(Kind of work done life eyen if retired.)	12b. KIND OI INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (When ission) STATE	re deceosed lived, if institu		13c CITY OF		YES NO		REET AND NUMBER 5 Nelson P	lace S	.E.
14.	FATHER'S NAME Firs		Last	1	S. MOTHER'S	MAIDEN NAME FI	rst zabeth	Middle	Bru	Lost ffy
160.	. WAS DECEASED EVER IN		16b. SOCIAL SECURITY NO	D. 17.	INFORMANT			Address		
,	Yes, no or unknown)	(If yes give war or dates of service)	577-10-544	49	Deced	ent	TEGLY			
	PART I. DEATH W. 436 9 Conditions, if ony, whi rise to immediate can storing the underlying last.	IMMEDIATE CAUSE (a) DUE TO, OR (b) $1 \in \{0, 1\}$ COUSE (O), DUE TO, OR	AS A CONSEQUENCE OF Eft cerebrowas A CONSEQUENCE OF eneralized	vascu	hemip	aresis &	speecwith rt	h abnormal	ity 3	yrs.
TION	PART 2. OTHER SIGNIFI testinal o traction.	CANT CONDITIONS CONTRIB	uting to death but no improved;	TRELATED T		right		2/68, tres	chanic ted by	al in-
CERTIFICATION	Tro. Drile of Oreignito.	Trac condition for w	THE TEN TON THE TEN	Ottines	YES [OF DEATH?		
DICAL CE	210. ACCIDENT WAS U OR CONTRIBUTING CA (If either, notify medic	USE OF DEATH HOUR A.M.		21c. H	IOW INJURY O	CCURRED (Enter	noture of injur	y in Port 1 or Port 2,	tem 18.)	
ME	21d. INJURY OCCURRED While Nat while of work		(AT HDME, FARM, STREET, FACTI OFFICE BUILDING, ETC.					ar Tawn	County	Stote
M	saw the dece	(3) (this hospital) of ased alive and abave, (1) (we) (did	.0/13/	68 an	d that in a	, 19_((aur) api	66 , to nion death o	10/13/ , 19 occurred on the da	68_, tha te ond hour	t (t) (we) los ond from the
	22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DIRECTOR DESCRIPTION DIRECTOR									68
	22d. PHYSICIAN'S NAME (Type) M	oe Weiss, M.						Hospital Maryland		
L	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Oct. 16. 19	68 For K	emetery of	R CREMATORY		Colm	ON (City or Town)	(Sury)	MA.
24	ELENERAL DIRECTOR	House A bather	Ellasters us	Lu &	CEN	PAJE OC	REGISTRAR T 1 5	1968 REGISTRAR'S	SIGNATURE	ndat.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly the din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			0 0111	7	CEKIII	TCATE OF DEATH			-	10~0	
	SED-NAME	First		Middle		Lost	2a. DATE O	F DEATH			2b. HOUR
(Type	or print)	Dela				Moreland	00	Manth 5	Doy	Year 68	7:40PA
3. SEX			4. RACE			S. DATE OF BIRTH		A ACE /In second		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female			Cauc.		12-19-1/897	21897	last birthday)	YRS.	IONTHS DAYS	HOURS MIN.
7o. BIRTI	HPLACE (Stote or fo Maryland	oreign 7	b. CITIZEN O	F WHAT COUNTRY?		ED NEVER MARRIED	9. COUNTY O	F DEATH			
					WIDOW			e George		I say ways as a	Mo
	OR TOWN OF DEAT Neverly	ln		11. NAME OF HOSPITAL OR IN give street oddress) Prince Georg		during m		N (Kind of work d Hife, even if retir I O		12b. KIND OF E	BUSINESS OR
	IAL RESIDENCE (Wh n) STATE Md.	ere deceased	lived, if ins	stitution: Residence before	13c. CITY	OR TOWN 13d. INSIDE CITY L		TREET AND NUMBE		ie	
14. FATH	IER'S NAME F	irst	Midd			15. MOTHER'S MAIDEN NAME F		Midd			Last
	E1:	sroed-	?	Elsroed		U	nknown				
	S DECEASED EVER I	N U.S. ARMEI	FORCES?	16b. SOCIAL SECURITY	NO. 1	7. INFORMANT		Addre			Md.
Yes, n	na, ar unknawn)	(If yes give war	or dates at service	0)]	Ernest E. More	land	513-61st	Ave	. Capt	. Hgts
18		(Enter only	one couse n	per line for (a), (b), and (c))						NATE INTERVAL NSET AND DEATH
rise sto las		ause (a), (ng couse	(b). DUE TO,	OR AS A CONSEQUENCE OF Pulmonary OR AS A CONSEQUENCE OF Massive Purilibrating to death but N	Edema	nia Right Lung D TO THE TERMINAL DISEASE OR	CONDITION GIVI	EN IN PART 1(a)			
CERTIFICATION 1300	DATE OF OPERATION	ON 196. CO	NDITION FOR	R WHICH OPERATION WAS PI	ERFORMED	20a. AUTOPSY?		F YES, WERE FINDI	NGS CON	NSIDERED IN CE	RTIFYING
JE I						YES NO] CAUSE	S OF DEATH?			
30	or contributing () either, natify med	CAUSE OF DEATH	HOUR A		9 210	. HOW INJURY OCCURRED (Ente	r noture of inju	ury in Port 1 or Po	ort 2, Ite	em 18.)	
W	d. INJURY OCCURRI	ED 21a DI		JRY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f	. LOCATION Street or R.F.D. No	. City	y or Town		County	Stote
22	saw the dec	film haznar	o an a	attended the deceas Oct 5 did) (did not) view the	19 68	Sept. 7 , 19_ and thất in (my) (our) opi er death.	_68, ta inian death	Oct. 5 accurred on th	, 19 ie date	68 , that e and hour a	(I) xxxe) las ind fram the
	SIGNATURE C	Plice	m	Bray	no	ATTENDING DE A	MED. DIRECTOR	STAFF PHYS.	22c. DA	TE SIGNED	16/
220	H. PHYSICIAN'S NAME (Type)	MM	Fo	BRAINI	1)	220. ADDRESS Cin	traf 1	hu, Cay	lit.	of the	EN/
REI	RIAL, CREMATION, MOVAL (Specify)	23b. DA	TE 9-68			OR CREMATORY		ON (City or Town)	T	(County)	(Stote)
24. FUN	IERAL DIRECTOR	Funera	1 Hom	ADDRESS	tlan	d Rd. 250. REC'D E	Y REGISTRAR	2Sb. REGIST		IGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please Temave carban papers ages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 2 haurs offer death. VR A15 NO SOM REV. acest manual representations

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the funeral director.

This certificate should be executed

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death. after hours within event ony .⊑ removal, 0 cremation, buriol, FUNERAL DIRECTOR: 0 prior may Heolth 0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) OF ESTI-Suzanne Lea Morris DEATH MATED IX 10-1910:00a.m 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNOFR I YEAR IF LINGER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 28 birthday) 10-22-1939 White Female 19] 2: YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Vermont S DIVORCED WIDOWED Prince George's 11. NAME OF HOSPITAL DR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
4014 Croydon Lane during most of working life, even if retired.) INDUSTRY Bowie home 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IHSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO George 's 4014 Croydon Lane Bowie 14. FATHER'S NAME Lost 15 MOTHER'S MAIDEN NAME First Middle Grace Dersoia Charles Coleman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Bowie, Lawrence W Morris Md. no APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Multiple stab wounds of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove (b) And multiple lacerations of neck rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES TO NO T 21o. EXTERNAL CAUSE WAS 24b JIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) MEDICAL PRIMARY X OR CONTRIBUTING 10:00am 10-3-19 68 Attacked by assailant CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK home Same as #13 22a. I certify that I taak charge of the remains described above, held an Autopsy [87], Inspection X Inquiry and in my apinian Natural couses Accident death resulted fram: Suicide Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 10-4-68 **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) John/Kehoe MD Riverdale, Md. BURIAL, CREMATION, 23c. NAME OF CEMETERY DR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Oct 6. 1968 Scottsville Cemetery Vermont Danby 24. FUNERAL DIRECTOR

ADDRESS

F. Gasch's Sons Hyattsville, Md.

2So. REC'D BY REGISTRAR

1968

DATE OCT

2Sb. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14928

	14310			CERTIFI	CATE OF DEATH			2 2 0 11	
	ECEASED-NAME Type or print)	First Mary	Middle M.	Murphy	Last	20. DATE (DF DEATH O Month 6 Do	oy 68 Year	2b. HOUR 1
3. SE	Female	4. RA	white		S. DATE OF BIRTH 3/18/94		6. AGE (In years last birthday)	MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN
7o. 1	BIRTHPLACE (Stote or fore ntry) Maryland		ZEN OF WHAT COUNTRY?	8. MARRIEI WIDOWEI			e Georges		M
	Clinton		11. NAME OF HOSPITAL give street address) Clinton C	community	Hosp. Corp.	most of working	N (Kind of work dane g life, even if ceticed	12b. KIND OF INDOSTRY	BUSINESS OR .
	issian) STATE		if institution: Residence I COUNTY Charles	170 7	DR TOWN 13d. INSIDE CI	/	t. 3 Box 4	38	
14. [FATHER'S NAME First Dan		Brid	gett	15. MOTHER'S MAIDEN NAM	Mary	Middle Julia	Murphy	
	WAS DECEASED EVER IN	U.S. ARMED FOR(f yes give war ar dates		11,01	. INFORMANT Mary Lillian	Buckle	Address	6439 Liv	ringston
	PART 1. DEATH WA Canditians, if ony, whice rise to immediate cou- stating the underlying last.	S CAUSED BY: IMMEDIATE CAUS DU h gave se (o),	E (a) CAS A CONSEQUEN (b) CAS A CONSEQUEN	ICE OF CIE	VICEROX V. ARTE PRESTES	WON	CL 6-201	BETWEEN C	ONSET AND DEATH
ATION	PART 2. OTHER SIGNIFIC	Wwi	CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH ON FOR WHICH OPERATION	min.	TO THE TERMINAL DISEASE (20b.	IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
MEDICAL CERTIFICATION	21o. ACCIDENT WAS UN	ISE OF OEATH H	b. TIME OF INJURY OUR A.M. Month Doy P.M.	Year	YES NO	LX	iury in Part 1 or Part 2,	, Item 18.)	
MED	21d. INJURY OCCURRED While Not while	21e. PLACE O	F INJURY (AT HOME, FARM, S OFFICE BUILDING,	FREET, FACTORY, 21f.	LOCATION Street or R.F.D.		ty ar Tawn	County	State
	220. I certify that sow the dece causes stated	(1) (this hasp	ital) attended the di Ve) (did) (did not) view	eceosed from_ 19, a w the body ofte	9/5 , 19 nd that in (my) (our) r deoth.	9 <u>68</u> , to_ opinion death	occurred on the d	9 <u>68</u> , that late ond hour	t (I) (we) la ond from th
	22b. SIGNATURE	ver	. au	Le non		MED. DIRECTOR	STAFF 22cc	DATE SIGNED	
			Merkle, M.D		7945 Woody	ard Rd.	. Clinton,	Marylar	nd
B	BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR	23b. DATE /0 - 9	1-68/57	ME OF CEMETERY C	SICEM.	11/1	TION (City or Town) DORF, C. 2Sb. REGISTRAR	(County) HARLES 'S SIGNATURE	(State)
7	Junit+	medal	folorine	Wulder		C1 14		area jo	again.

Mar March 1986 A. H. Shariyeni elinion south to marining (ct., line). Margard The least the 13° More March Deal of the state The first man interest marketing with the second section in the section in the section s mos estate of strike oda TOTAL METERS IN CORP. SOLIT

Secretary Burn to a supplied the second seco

grate a de um to constal Jose es est mi, ellaten, facusad -

JOHN GOLDMAN, M.D,

23c. NAME OF CEMETERY OR CREMATORY

2Sa. REC'D BY REGISTRAR

23b. DATE

10-23-68

14929 2b. HOUR PM Day 1968ear 8:25M IF UNDER 1 YEAR IF UNDER 24 HRS. 12b. KIND OF BUSINESS OR **INDUSTRY** MILITARY 8205 BELTZ DRIVE Middle Last PUGH Address BETWEEN DISSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING Caunty State 22c. DATE SIGNED 220 AMPRESS HOSP. ANDREWS, PRINCE GEORGES, MD. 23d LOCATION (City or Town

VR A15 (4)

22d. PHYSICIAN'S

SEMOVAL (Specify)

FUNERAL DIRECTOR

NAME (Type) 23a BURIAL CREMATION

30M REV. 1/68

Quillie

10-23-68 arling to Hotorial Can. arlington, Virginia

296 -1

Poge P.M3

with form Poges 1,

14920

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14930

1. DECEASED-NAME	First		Middle		Lost		O- DATE MANONANTED March	D V In novi
(Type or Print)	LIIZI		middle		fost		2a. DATE KNOWN Manth	Day Year 2b. HOUI
	Minni	.e		Ne	wton		DEATH MATED [] 10-	16-68 192:15pm
3. SEX	4. RACE	S. DATE OF BIRTH	6. AG	(In years IF UN birthday) MONTHS		UNDER 24 HRS	2c. DATE PRONOUNCED DEAD	2d. HOU
Female	White	10-25-18	378 8		DAIS	nk2 wiw	Manth Day 10 16	68 19 2:30 pm
70. BIRTHPLACE (Sto		b. CITIZEN OF WHAT	COUNTRY?	B. MARRIED	NEVER MARRIED	9. 00	UNTY OF DEATH	
country) Penn	sylvan1	a U.S.	A.	WIDOWED X	DIVORCED	Pr	rince George's	A
ID. CITY OR TOWN C	OF DEATH	11. NAME	OF HOSPITAL OR IN	STITUTION (If nat	in hospital 1	2o. USUAL O	CCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Hvattsvi	lle	give stree Hyatt d lived, if institution	et oddress) sville N	ursing h	ome	Home	of working life, even if retired.)	INDUSTRY
130. USUAL RESIDEN	NCE (Where decease	d lived, if institution	n: Residence before	13c. CITY OR TOV	VN 13d. INSID	E CITY LIMITS?	13e. STREET AND NUMBER	
admissipp) SIAT	rict of C	ofumbia	Was	hington	YES	NO 🗆	5521 Colorade	Ave. N.W.
14. FATHER'S NAME	First	Middle	Last	15. MC	THER'S MAIDEN N	IAME First		Lost
	W. C		Gardne	70		TI	nobtainable	
160. WAS DECEASED E	VER IN U.S. ARMED FO	DRCES? 161	b. SOCIAL SECURITY N	O. 17. INFOR	RMANT		ADDRESS	
	wn) (If yes give w				rion L.	Ros	t-7520 17th	St. N W
IR CAUSE O	F DEATH (Enter only	ane cause per line t	for (a) (b) and (c)	LOG III	V	Vashi	t-7520 17th ngton.DC	APPROXIMATE INTERVAL
PART I.	DEATH WAS CALISED	BY: E CAUSE (a) Mal						
14110	IMMEDIAI							over 1 mo.
Conditions if	ony, which gove)		A CONSEQUENCE OF					over 1 mo.
rise ta imme	diate cause (a),		m Genera		teriosc.	Lerosi	LS	
stoting the u	nderlying couse	DUE TO, OK AS	A CONSEQUENCE OF					GE 20 70 100 1
		(c)						
					TERMINAL DISEASE	OR CONDITI	ION GIVEN IN PART 1(a)	
= 4500 I		of right				D. The		
190. DATE OF	OPERATION	191	WAS PERFORMED?					2D. AUTOPSY?
190. DATE OF 1		0.000	WAS PERFORMED!					YES NO 🔀
	CAUSE WAS	21b. TIME OF INJU	JRY Manth, Day, Yea	r 21c. HOW	INJURY OCCURRE	ED (Enter not	ure of injury in Part 1 or Part 2, 1	Item 18.)
PRIMARY CAUSE OF DEA	OR CONTRIBUTING	PM P.M.	8-26-19	68 Fel	l at Hva	attsvi	lle Nursing Hor	me
- 12. 1150KI O	CCURRED 21e. P.	LACE OF INJURY (At h	ame, farm, street,	21f. LOCA	TION Street or R.F.	D. Na.	City or Town	County State
WHILE AT WORK	NOT WHILE THE	ory, office building, e	tt.) Nursing	Home 65	On Rigge	e Rd	Hyattsville,	P.G. Co. Md
220 1	certify that I to	ok charge of the	remains describe	ad ohove held	on Autonsy	J In	nspection x, Inquiry	and in my opinio
							Undetermined monner	
deom	esulted from.	Holdigi Louses	J. Agiden	1 (<u>A)</u> , 30101				
ACTUAL	11	24-1	phop	-	100107441	DICAL EXAMI		ECICNED
SIGNATURE _	1/10	100		/	-IVI.D.		WHITE L	
EXAMINER'S NAME (Type)		l 1/D	n	- Ma		MEDICAL EXAM	awn, ar county)	0-17-68
230. BURIAL, CREMA	~ OIL INC		Riverdal	CEMETERY OR CRE			d. LOCATION (City or Tawn)	(County) (County)
REMOVAL (Spe	EIV)		2011 1111111					(Caunty) (State)
24. FUNERAL DIRECT	ION TO	0/18/68	F.E. T	incoin	Cremat	REC'D BY RE	Prince Geor	ges Co. Md.
	The S	. H. Hi	nes Com	pany	1			A A .
	A01 146	h St. N	.W. Was	hingtor	DC PO	CIZI	1968 Jolian	A June

VR A15ME (5) 10M REV. 1/68

5 moy be retained for your files.

to FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages lond 2 with the State Dep

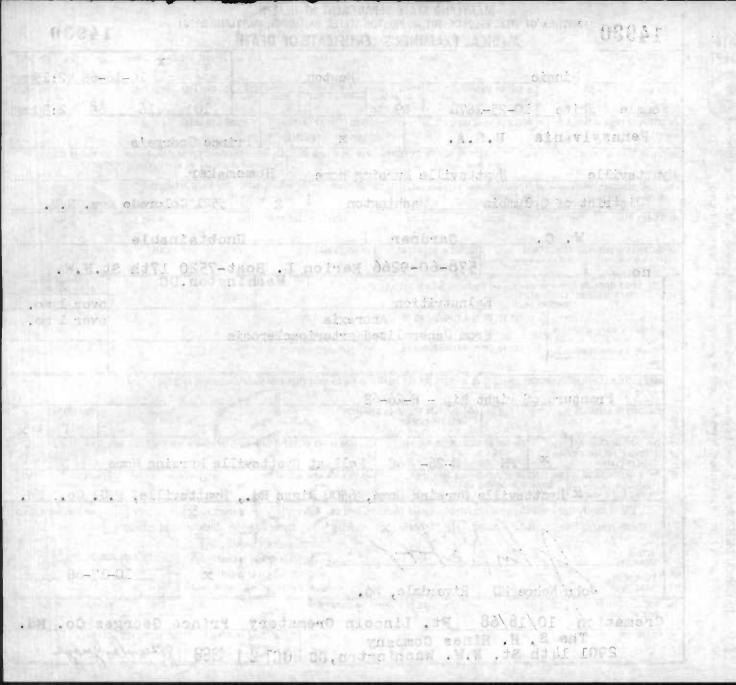
Health prior to burial, cremotion, or removol, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item's Gir, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along

This certificate should be executed within 24 had

DICAL EXAMINER:

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14931 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) 10 4 RACE 3. SEX 6. AGE (In years IF UNDER 1 YEAR HOURS last birth 5-23-190 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) VIRBINIA 11.SA Prince Georges WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done aive street address) PINE VIEW BARDMuring most pt Home the death certificate be executed with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 18b. COUNTYCharles NO Y Md La Plata and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Last Edward Sizer Mattie Jackson 9600 Avenuel Rd. Silver INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. ar unknawn) (If yes give war or dates of service) Benjamin J. Nottingham-Son Spring APPROXIMATE INTERMED BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
 PART I. DEATH WAS CAUSED BY: D IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gave) requires that rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TX YES 🗆 far use Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY by the haspital OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year be detached t State Dept. af (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 9 - , 19 68, ta 10/10/, 19 00, must be deceased glive an 19 0, and that in (my) (our) opinian death occurred on the date and haur and fram the be retained causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS Clinton , Maryland NAME (Type) directar, shauld be 23c. NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Cemetery 23d. LOCATION (City or Town) (County) (State) Bladensburg, Maryland 23a. BURIAL CREMATION BOW LOOK

VR A15 (4) 30M REV. 1/68

2221 TERM! TOTAL THE EN STATEMENT OF THE COMMENTAGE OF THE Femele Chire Sustion of The same of the sa as real assist the series the here Construct, and a series of the series of the series with the series of t Fid. Vauries im Flets Daward Sign Communication of the Communication of t density tell come medical yresened minoria . Fi 3501/21/01 istynia

14922

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carben papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 had each.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

,			
CER1	TIFICATE	OF DEATH	

14932

DECEASED-NAME (Type or print)	First		Middle		Last		20. DATE OF		ογ1968 ^{ec}	OF.	2b. HOUR
	John		E.	Owe			Oct.	2,			3 P.
3. SEX		4. RACE			DATE OF E			6. AGE (In years	MONTHS 1 Y		F UNDER 24 HRS.
Male		Cau	casian		March	29, 18	86	last hirthdoy)		OHI J	, min
70. BIRTHPLACE (Stote	or fareign 7	b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED XX 9	. COUNTY OF	DEATH			
mary)	10.1	26.0	P.a.	WIDOWED		RCED 🗌	Princ	e George'	s		M
10. CITY OR TOWN OF I	DEATH	11. N	AME OF HOSPITAL OR IN	STITUTION (If not	in hospital	12a. USUAL	OCCUPATION	(Kind of work done	12b. KIN	ID OF BU	JSINESS OR
Cheverly		give Pr	street oddress) ince Geo.G	en'1 Ho	spita	1 during ma	rden		INDUST	RY	it
13o. USUAL RESIDENCE admission) STATE	(Where deceosed					13d. INSIDE CITY LIM		REET AND NUMBER			
Maryland		Prince	George's	Oxon	H111	YES NO	560	0 Livings	ton_Re		
14. FATHER'S NAME	First	Middle	Last	15.	MOTHER'S N	AIDEN NAME Fir	st	Middle			Last
John		0.	Owens	100	Eli	ile	4	1	33 E C	200	10
160. WAS DECEASED EV			16b. SOCIAL SECURITY I	NO. 17. IN	FORMANI	MACA.		Address	, /	2007	
Yes, no, or unknown	(If yes give war	ar dates of service)	577-26-6	591 19	relex	a. Our	ms 1	Enth Ren	1 12	red	-
	ATM (Enter only	one sause nee li	ne far (a), (b), and (c).		was		, ,				TE INTERVAL
	H WAS CAUSED	BY:							BETY	NEEN ONSE	ET AND OEATH
11100	IMMEDIATE		CARDIAC	DND 4	ESPIR	PATORY	ARRES	7			
410	7	DUE TO, OR	AS A CONSEQUENCE OF		0 .	heat a					
Conditions, if on		(b)	Acute Mil	o cardio	el C	yascn 1	ר				
stating the unde		DUE TO, OR	AS A CONSEQUENCE OF								
last. 420	/	(c) /	Arterios cles	rotic Cx	ordiou	ias aller	dulas	l			
PART 2. OTHER S	GNIFICANT COND	TIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO	THE TERMINA	AL DISEASE ORCO	NDITION GIVE	N IN PART 1(a)			
z Malnu	this fion .	. Sev	ere dehy	dation	4						
190. DATE OF OPER	ATION 19b. CC	NDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20a. AUT	OPSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED	IN CERT	TIFYING
FIG					YES [NO NO	CAUSES	OF DEATH?			
21a. ACCIDENT W	AS UNDERLYING	21b. TIME O	FINIURY	21c HOV			noture of iniu	ry in Port 1 or Port 2	Item 181		
	CAUSE OF DEATH	HOUR A.M.	Month Doy Year			COUNTED (EINO	notoro or inju	.,	,		
OR CONTRIBUTING (If either, notify in the contribution of the cont			19		171011 6	250 11	C1.				C. I
While Nat w	nile m	LACE OF INJUKY	AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	217. LOC	ATION Stre	et or K.F.D. No.	City	or Town	County		State
at work of wo	rk —										
22a. I certify	thot 🔀 (this	haspital) att	ended the decease	ed fram_S	ept.	30, 19 6	8_, ta_0	ct. 2,	968	that X	(we) lo
saw the	deceased aliv	e on Oct	didnote view the	9.68_, and	thot in 🙀	እጀ) (ont) obiu	ion death	occurred on the o	late and h	aur an	nd from th
	oled abave,	K) (we) (ala)	KOKOKOW NIEW THE	body after de	eum.						
22b. SIGNATURE	Kui F. 3	entitile			ATTEND	NG ME	D. 🗆	STAFF C	DATE SIGNE		20
	rus 1.	aurucy		DEGRE	11110.		RECTOR L	PHYS.	10-) (- 8
22d. PHYSICIAN'S NAME (Type)		. m . n .	1 1 1 10		22e. AD		-61				
ware (i lbs)	Luis	F. Ber	ntolila, M			ce Geo.		Hospital,	Chever	·ly,	Md.
230 BURIAL CREMATIC				CEMETERY OR C	REMATORY	1-	23d. LOCATIO	N (City or Town)	(County)		(State)
REMOVAL (Specify	10	-5-68	Wash	ingles	Hal	conal	Suit	tan lis	leo.	ma	1.
24. FUNERAL DIRECTOR			ADDRESS	(/		2Sa. REC'D BY	REGISTRAR	2Sb. REGISTRAR	'S SIGNATURE	Ē	
111 1111 1	1.	/	77-11-1	A 1-	8	DATE OCT	9 1	968 occ	come for	0	4

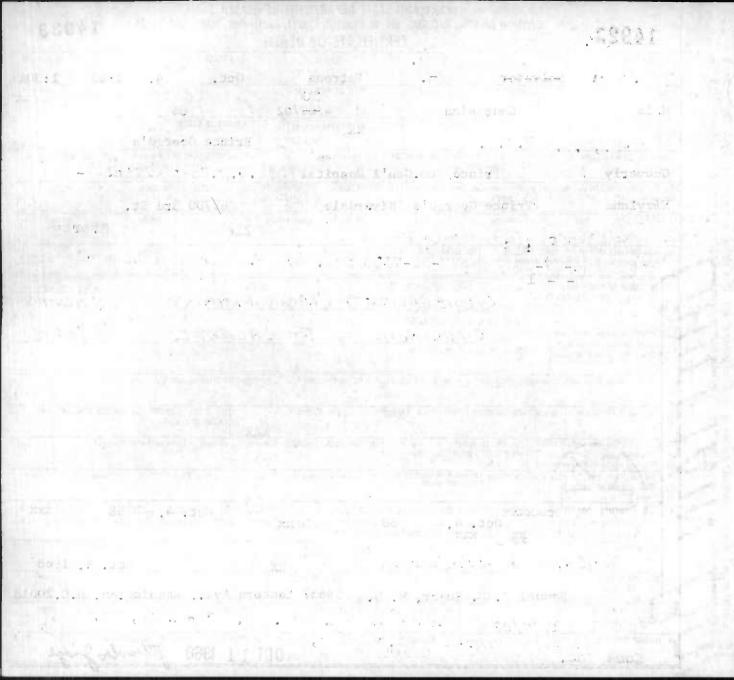
Orana Land. 1966 A Street, March 19, 1000 12 a summed son by Chewards - Color of the Color o . All meaning will the transfer of the state The second of the All Company of the 160 T.A. J.B. F Cet . JUL . 3888. and the first of the second second

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

14933

- 1					`	CERTIFICA	TE OF PEATE				
		CEASED-NAME	First		Middle H .		Last	2a. DATE OI		D V	2b. HOUR
	SE	ype or print) Lvadoro	Sal	vator	M.	Pe	trone	Oct.	Manth 4	1968 Year	1:30A
	3. SE			4. RACE		S	. DATE OF BIRTH		6. AGE (In years		IF UNDER 24 HE
- 1	M	ale		Cauc	asian		4/29/02		last birthday)	YRS. MONTHS DAYS	HOURS MI
1		IRTHPLACE (State or fore	ign 7	b. CITIZEN OF W		8. MARRIEDATE	NEVER MARRIED	9. COUNTY OF			
1	cour	Wash D.	C	U.S.A		WIDOWED		Prince	George!	S	
	10. C	TY OR TOWN OF DEATH		11. N	AME OF HOSPITAL OR IN	STITUTION (If nat	in haspital 12a. US	SUAL OCCUPATION	(Kind of work d	ane 12b. KIND O	F BUSINESS OR
4	C	heverly		Pr	ince Geo.G	en'l Ho	spital Re	mast of working	life, even if setim	industry	
	13a.	USUAL RESIDENCE (Where	deceased			13c. CITY OR T			REET AND NUMBER		- (7)
0	M	aryland		Prince	George's	Riverd	ale YES	NO 1 607	00 3rd S	St.	
1	14. F	ATHER'S NAME First		Middle	Last	15.	MOTHER'S MAIDEN NAME	First	Middl	0	Last
		Cla	ude		Petron	e		Ella		Stor	, u y
Ī		WAS DECEASED EVER IN	U.S. ARMEI	or determination	16b. SOCIAL SECURITY	NO. 17. INF	ormant Ars. Lucy	Pots	Addre	bove ad	drass
		200		or detaggf service)			ars. Lucy	r. 1001	Wi Coll		
		18. CAUSE OF DEATH	Enter anly						1210/	APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS		BY: CAUSE (a)	TENERA	LIZET	CARCIN	DHATOS	15	24	ONTHS
		1991		\-/	AS A CONSEQUENCE OF						
outid, cremation, or removal, and in ony event, within 72 hours after 10. [10. [10. [10. [10. [10. [10. [10.		Canditians, if any, whic	h gave)	(b)	CARCINI	DHA (OF RT C	HOAN	AL	1 1/4	EAR.
		rise to immediate cau stating the underlying			AS A CONSEQUENCE OF						
		last.		(c)							
		PART 2. OTHER SIGNIFIC	ANT COND	ITIONS CONTRIBU	JTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1(a)		
	NO	1772									
-	CERTIFICATION	19a. DATE OF OPERATION	19Ь. СС	NDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	CALISE	YES, WERE FINDING OF DEATH?	IGS CONSIDERED IN	CERTIFYING
2	RTIF							XXX			
		21a. ACCIDENT WAS UN ☐ OR CONTRIBUTING ☐ CAU		HOUR A.M.		21c. HOV	V INJURY OCCURRED (Er	nter nature af inju	ry in Part I ar Pa	rt 2, Item 18.)	
	MEDICAL	(If either, natify medica	exomine	r) P.M.	ין						
	2	21d. INJURY OCCURRED While Nat while	21e. Pl	LACE OF INJURY	(AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	TORY,) 21f. LOCA	ATION Street or R.F.D.	Na. City	ar Tawn	County	State
	30	UI WUIK UI WUIK				15	(1 / - 10	13		10	
		22a. I certify that saw the dece	(1) (10)	khesentat) att	ended the decease	od tramije	19 (my) (24) o	pinian death	ct. 4	, 19 <u>68</u> , the	(I) TOWER
		causes stated	abave,	(I) fame (did)	(disk pof) view the	body after de	eath.	piniun deum	accorred on m	e dute una nou	una mom
		22b. SIGNATURE		00	a of	MA		****	02.55	22c. DATE SIGNED	
		4500	Mu	ux	MDug.	CUL DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Oct. 4,	1968
- 1		22d. PHYSICIAN'S					22e. ADDRESS	-11	-1		
/		NAME (Type)	Sami	iel J.	N. Sugar	M. D.	4637 East	em Ave	. Washi	ngton, D	.C.200
	23α.	BURIAL, CREMATION,	23b. DA	TE	23c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCATI	ON (City or Town)	(County)	(State)
		REMOVAL (Specify)	10	/ 1/00	Stone		em.Gard.C				
	24.	FUNERAL DIRECTORIJA	Lley	's Fun	eral ADDRESS	tRain		BY REGISTRAR		RAR'S SIGNATURE	1-6
8		Home In	C.		Mar	yland	DATE OC	1118	168 gcc	cores for	7



II	ter	nl FilmG	06 17	างเรเลง	KVITAL	ARYLANI	STAT	PRESTON ST	NENT OF	HEALTH IMORE M	ARYLAND 2	1201		
		14924				C	ERTIF	CATE OF	DEATH	inione, in	ANT DAILY Z	1201	1493	,
		SED-NAME	First		٨	Middle		Last		2a. DATE	OF DEATH			2b. HOUR
	(Type	or print)	Eth	e1		M. Har	ner	Pettit		Oct.	Month 28	B Day	1968	5:50A
3. 9	SEX	A 6. 11		4. RACE			1	S. DATE OF B	IRTH		6. AGE (In y		IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS
		ale		Caucas				9/3/			lost birthd	YRS.	MONTHS OATS	nouks min.
7a.	BIRTI untry)	IPLACE (State or for	eign 7	b. CITIZEN OF V		RY?		D NEVER MAR		9. COUNTY (
		Md		US		COUTAL OD INIC	WIDOWE		RCED		ce Goer			Mo
1		OR TOWN OF DEATH		give P	e street oddr rince	Geo.Ge	n f I	natin hospital Hospita	during m	ost of warking	N (Kind of wo g life, even if r lousewi	etired.)	INDUSTRY	F BUSINESS OR
130	. USU	AL RESIDENCE (When	re deceosed	lived, if institu	utian: Resid	ence befare	13c. CITY	OR TOWN	13d. INSIDE CITY I	LIMITS? 13e.	STREET AND NU	MBER	Home	,
1	Mar	yland		13b. COUNTY Prince	Geor	ge's	Hyat	tsville	YES N	0□ 65	00 Rigg	s Ro	ad	
14.	FATH	ER'S NAME Firs		Middle linson	Harpe	Last r		IS. MOTHER'S MA	Rowe:		lamblet	Middle On	Auld	Last
160	o. WA Yes, n		U.S. ARMED	or dates of service)		AL SECURITY NO		Nichola	as Oro	m .Ir		ddress	lle, Mo	1.
	T.	CAUSE OF DEATH	(0.1				10	I CHOIC	as ore		nyao	OBVI		KIMATE INTERVAL
	rise sta last	ditians, if ony, whi to immediate co- ting the <u>underlying</u>	use (a), (DUE TO, OR (b) DUE TO, OR (c) TIONS CONTRIB	AS A CONSI	QUENCE OF	T RELATED	TO THE TERMINA	L DISEASE OR	CONDITION GIV	/EN IN PART 1(c)		
NOIL	190	DATE OF OPERATION	1 196 (0	NDITION FOR W	HICH UDED V	TION WAS DED	EUDWED	20o. AUTO	evoa.	206	IF YES, WERE FI	NDINCS C	ONCIDEDED IN	CERTIFVING
CERTIFICATION						HON WAS I EK		YES 🗹	NO [CAUS	ES OF DEATH?	Yes		EKHITING
MEDICAL CE	210	ACCIDENT WAS UI	USE OF OEATH	21b. TIME (HOUR A.M P.M	Manth	Day Year	21c.	HOW INJURY OCC	CURRED (Ente	r nature of in	jury in Part 1 a	r Port 2,	Item 18.)	
MED	What w	either, natify medical. INJURY OCCURRED ile Not while at wark	21e. PL	ACE OF INJURY	(AT HOME, FA		111	LOCATION Stree			ly ar Tawn		Caunty	State
	22	saw the dece causes stated	(I) x(k)ic ased aliv above (te an (did	tended the 2 2 2 6 (did not)	e deceased 19 view the b	d fram 6 a ody afte	nd that in (m r death.	y) (x4K) ap	5 6, ta_ inian death	accurred ar	, 19_ n the da	te and haur	t (I) (We) last
	22b	SIGNATURE	non	XT	Ver	near	22 DE	ATTENDING PHYS.	NG G	MED.	STAFF PHYS.	220. [DATE SIGNED	168
	22d	PHYSICIAN'S NAME (Type)	ons	DAN	1	ome.	AK	22e. ADD 350		RAX	55 M	TH	PAINS	enma
23a	BUI EREA	RIAL, CREMATION, NOVAL (Specify) Combinent	23b. DAT	TE 30, 19				R CREMATORY emetery		23d. LOCAT	ION (City or To	wn)	(County)	(State)
		RAL DIRECTOR				ADDRESS			2Sa. REC'D E	Y REGISTRAR	2Sb. REG	GISTRAR'S	SIGNATURE	
		F.	. Gua	sch's	ons	nyatts	SVIII	. ९ च्याव	DATE OC	T 3 1	968	Clo	rees you	Age.

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b	.000.	110394	nearly . M.	Luria	
		9/3/79	nal as:	0.0	Populs
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14925

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14935

			C	CKIILIA	AIE UF	DEATH					
	EASED-NAME First		Middle	1	Last	. ,	2a. DATE OF			V	2b. HOUR
(IY	rpe or print) . Lucu	/	W. P.	CKE	R5911			Manth / O	Day 18	Year Le 8	10 A M
3. SEX		4. RACE			S. DATE OF B	RTH		6. AGE (In years last birthday)	IF UNI	DER 1 YEAR	IF UNDER 24 HRS.
	FEMALE	CAU	CAS.		2-9	7-188	2		YRS. MUNIF	ns DATS	HOUKS MIN.
caunt	RTHPLACE (State or foreign ry)	76. CITIZEN OF WHA	T COUNTRY?	8. MARRIED WIDOWED	NEVER MAI	RRIED (9. COUNTY OF	DEATH e George	Is		Md
10. CI	TY OR TOWN OF DEATH Drestville	11. NAN give str Re	NE OF HOSPITAL OR INST eet address) egent Nurs	ing H	one in haspital			(Kind of work do	one 12 ed.) IN	b. KIND OF IDUSTRY H	BUSINESS OR
130. l admis	JSUAL RESIDENCE (Where decease sian) STATE Md.	d lived, if institution 13b. COUNTY	n: Residence before	13c. CITY OF Suitl		YES NO		REET AND NUMBER 19 Meado		v Dri	ve
14. FA	ATHER'S NAME First Stephen	Middle Wheeler	Last	1:	S. MOTHER'S M	Anni Anni	e Hodg	Middl gson	e		Lost
16o. Ye	WAS DECEASED EVER IN U.S. ARMI	D FORCES? r or dates of service)	6b. SOCIAL SECURITY NO Unknown). 17.	INFORMANT C.E. S.	nives,	Same as	#13 Addre	ss aught	er)	
	Canditions, if any, which gave rise to immediate couse (o), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONI	DUE TO, OR AS (b) DUE TO, OR AS (c) DITIONS CONTRIBUTI	A CONSEQUENCE OF A CONSEQUENCE OF NG TO DEATH BUT NO	ATIC	O THE TERMINA				AGUS		
	beteroscu	elotic u	HEART TOIS	EASE	WATE	Cons	ESTWE	. HEAR			
CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20a. AUTO			YES, WERE FINDING OF DEATH?	NGS CONSID	DERED IN C	ERTIFYING
DICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. P.M.	Manth Day Year					ry in Port 1 or Pa	irt 2, Item	18.)	
	at work at work		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.					or Tawn		unty	Stote
	22a. I certify that (I) (this saw the deceased al causes stated above	hespital) atterive an 10 (I) (we) (did) (did not) view the b	d from d , an ady after	d that in (n death.	ny) (o ur) apir	, taL nian death o	accurred an th	, 19 <u>6</u> ie date ai	₹, that nd haur	(I) (we) last and fram the
	22b. SIGNATURE	in B	Bond	DEG		DI DI	IED.	STAFF PHYS.	22c. DATE		
	22d. PHYSICIAN'S NAME (Type)	IERIB.	Bond		Par	WELDON	LANH		~!-	DAD	1 0801
		ATE 0-22-68	23c. NAME OF C		crematory Cemet			ON (City or Town) erson, 1			(State)
24. 1	FUNERAL DIRECTOR Wilhe 308 Suitland Ro	m Funera I. SE, Su	l Homeddress itland, Mo	l.		DATE OC	T 2 3 1	968 REGIST	rar:S sign	ATURE	2d-3F

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery tilled in by the feneral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital or attending physician.

TANSA TANDARAN ERISMENTE STEELEN STANDARD SEAN - CSS 7 I 14335 marant a least bushing driven zajani italijačni

14926

MARYLAND STATE DEPARTMENT OF HEALTH
ISLON OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 2120

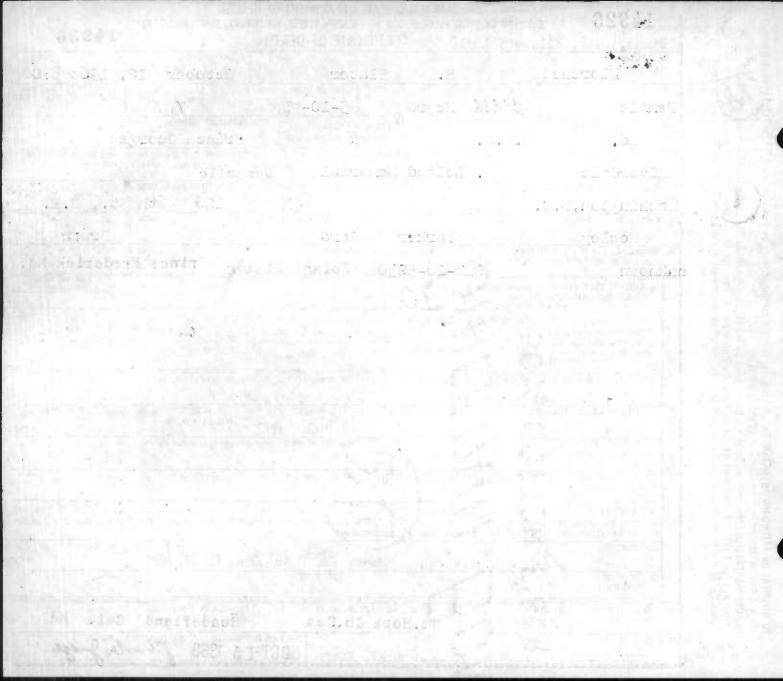
Items, #5&6, Fi	11mG405 10/18/68 kg		TH	14936
1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
(Type or print)Florence	e E.	Plater	October 12	by, 1958 8:00P
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost highday)	IF UNDER 1 YEAR
Female	dauda Negro	5-10-94	92 //76 YR	MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
country) Md.	U.S.A.	WIDOWED DIVORCED		ges Md
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR INDUSTRY
Riverdale	give street address) and	Memorial	inc mast of warking life, even if retired. Domestic) INDUSTRY
13o. USUAL RESIDENCE (Where decease	sed lived, if institution: Residence before		E CITY LIMITS? 13e. STREET AND NUMBER	
odmission) STATE Washington, D.	C 186 COUNTY	YES	No□ 126 46th	St., S.E.
14. FATHER'S NAME First	Middle Lost	1s. MOTHER'S MAIDEN N.	AME First Middle	Last
Wesley	Parke:	r Sara		Brown
16a. WAS DECEASED EVER IN U.S. ARA Yes, na, or unknown) If yes give v	MED FORCES? 16b. SOCIAL SECURITY I	NO. 17. INFORMANT	Address	
nknown Involution	216-16-5	230 Roland 1	Plater Prince F	rederick-Md.
PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		inebvel	APPROXIMATE INTREVAL BETWEEN ONSET AND DEATH
13 17 1	(c) NOTIONS CONTRIBUTING TO DEATH BUT NO SECRETORIES	OT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(0)	
190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
G (If either, natify medical exami	TH HOUR A.M. Month Day Year iner) P.M.	9	(Enter nature of injury in Part 1 or Port	Mary and the
While Nat while at wark	. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County State
saw the deceased a	is haspital) attended the decease flive anl e, (I) (we) (did) (did not) view the	94, and that in (my) (out	1968, to 10-17, 1 r) apinion deoth occurred on the	9, that (I) (we) las dote ond hour ond from the
22b. SIGNATURE	2. Burdie	MODEGREE ATTENDING PHYS.	MED. STAFF 22	c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
		CEMETERY OR CREMATORY Tope Ch.Cem	23d. LOCATION (City or Town) Sunderland	Cal. Md

ADDRESS

2Sa. REC'D BY REGISTRAR DA OCT 1 5 1968

2Sb.

VR A15 1980 24. FUNERAL DIRECTOR
ROM REV. 1780 Penkne



10M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14938

14000

133	40		AND COM	CERTIFIC	AIL OF D	LAIH						
DECEASED-NAME		First	Middle		Last		20. DATE OF D				2b. HOUR	ľ
(Type or print)	Beatr	rice Jo	sephine	Po	orter		Octo	Month	11 day	1968	11:0	N
SEX		4. RACE			5. DATE OF BIRT	Н		6. AGE (In y		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female		Ca	ucasian	1	April	11, 1	889	last birthde	YRS.	MONTHS DAYS	HOURS MIN	
BIRTHPLACE (St			OF WHAT COUNTRY?	B. MARRIED	MEVER MARRI	יו ועי	COUNTY OF D		-			Ī
Massach	usetts	U.S	.A	WIDOWED			Prince	Georg	ge's		M	ŀ
. CITY OR TOWN	OF DEATH		11. NAME OF HOSPITAL OR IN			12a. USUAL	OCCUPATION (Kind of war	k done	12b. KIND OF	BUSINESS OR	Ī
Adelph	ni, Md.		give street address) Hillhaven	Nursing	Home	Scho	of working li	te, even it r cher	etired.)	Publi	ic Sch.	
la. USUAL RESIDE Imissian) STATE		eceosed lived, if a	institution: Residence before	13c. CITY OR	town 130 er Sprin	I INSIDE CITY LIMI	10.01	ET AND NUI SO Nav		Drive		
. FATHER'S NAME	First		ddle Lost		. MOTHER'S MAID			٨	Aiddle		Last	Ī
Cyrus	3		Hibbard	d	Flor	ence				Spear		
		ARMED FORCES?			NFORMANT				ddress			
Ye 100, or unkn	own) (II yes	disa was or goiles or sais	214-60-0	6620	Nursing	Home	Records	5				
Canditians, if rise to imme storing the last. PART 2. OTH	DEATH WAS CA	AUSED BY: MEDIATE CAUSE (a) DUE TO (o), USE) TOONDITIONS COM 19b. CONDITION FO		LCTIU OM O NOT RELATED TO SE S ERFORMED		OV /S OSEASE OR CO AV Y? NO D	DRY LI NDITION GIVEN LOLL 20b. IF TAUSES	CARIN PART 1(c) ZES, WERE FILED OF DEATH?	NDINGS CO	3- 5-67 NSIDERED IN C	HEREIFYING	
OR CONTRIBU	TING CAUSE 0	F DEATH HOUR cominer)	A.M. Manth Day Year P.M.	19					runz, n			
	at while	21e. PLACE OF IN	OFFICE BUILDING, ETC.		OCATION Street	or R.F.D. No.	00	ır Tawn	/	Caunty	State	
saw t	the decease es stated ab	d alive an	(did) (did nat) view the	190 L, an	d that in (my)	, 192 (o ur) apin		curred ar	the dat	e ond hour	(I) (we) la and fram th	
22b. SIGNATU	Ant	de	ller	DEGI	1 1110.	DIR	D. RECTOR	STAFF PHYS.	1/6	ATE SIGNED	· *	
22d. AHYSICI NAME (1	ype HOR	0600	STERLIN	8, 1	1/0-	2 4/	110 6	LUD	E	us		
3a. BURIAL CREM	ATION,	23b. DATE	23c. NAME OF	CEMETERY OR	CREMATORY	1	23d LOCATION	(City or To	wn)	(County)	(State)	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending ptysider and campletely find director, page 3 should be detached for use as the burial-transit permit. Then alease remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, first Page 4 may be retained by the hospital or attending physician.

early campletely filled in by the funeral semone carbon poper. Pages 1 and 2 in any event, with 22 haurs after death.

VR A15 (A) 30M REV. 176

8 CS - I THE WAR AND DESIGNATION OF THE PERSON OF THE PERS nation with a second Contract Control In Links on Late Control 888 E TOO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14939 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2o. DATE OF DEATH funeral 1 and 2 1er death. executed within 24 hours ofter deoth (Type or print) ARGER YOUR ERL IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH 6. AGE (In years 3. SFX IF UNDER 24 HRS lost birthdoy) MONTHS OAYS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) DIVORCED [WIDOWED [RINCE 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

REGISTERED NURSE (RETI give street oddress) **INDUSTRY** corbon 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 3b. COUNTY YES NO remove and in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First JOSEPH POWDERLY CATHERINE LOFTUS pleose physician ATTENDING PHYSICIAN: The low requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service) cremotion, or removal, 577 07 1815 CARROLL MANOR RECORDS en APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET PART I. DEATH WAS CAUSED BY: the signed by the burial-tronsit p Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to has been as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO F for use Health use O FUNERAL DIRECTOR: After this certificate by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. Stote City or Town County OFFICE BUILDING, ETC. While Not while of work State [220. I certify that (I) (this hospital) oftended the deceased fram 1706 1960 to sow the deceased alive on Oct 9 _1966, and that in (my) (our) opinion death occurred on the date and hour and from the be retained director, page 3 should should be filed with the causes stoted above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE **ATTENDING** DIRECTOR PHYS. O HOSPITAL 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION 10-12-68 MT OLIVET WASHINGTON 250. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68

Self 1 100 The rest of the self of the sel

P.M.3. Page

Office along with farm hand 2 with the State

fter death any delay is Give Pages 1, 2, and 3 ta

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

TO DEPUTY

necessary, please execute the certificate, writing the ward "pending" in pencil in Hem 18.

the funeral directar. Page 4 shauld be forwarded ta the Chief Medical Examiner

Department of

MARYLAND STATE DEPARTMENT OF HEALTH DECORDS 201 W DESCROY STREET, BALTIMORE, MARYLAND 21201

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4	66	70	64	-1	J

	DIAISION OF	VITAL RECORDS, SUI W. PRES	TON SIKEEL, BALTIM	UKE, MAK
14930	- 10	MEDICAL EXAMINER'S	CERTIFICATE O	F DEAT
SED-NAME	First	Middle	Lost	

14930 MED	ICAL EXAMINER'S	CERTIFICATE OF DEAT	H	
1. DECEASED-NAME First	Middle	Lost	20. DATE KNOWN Month	Doy Yeor 2b. HOUR
(Type or Print) Thomas	LeRov	Proctor Jr.	OF ESTI- DEATH MATED 🔀 10-1	7-68 193 20 pm
3. SEX 4. RACE 5. DATE OF	BIRTH 6. AGE (In yet last birthday	OFS IF UNDER 1 YEAR IF UNDER 24 HRS	TC. DATE I KONODITED DEAD	2d. HOUR
Male Negro 8-9-1		YRS. 2 8	Month 17	68 19 5:25 pm M
7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF	WHAT COUNTRY? B.		COUNTY OF DEATH	
wuntry) Maryland U.	S.A. V	VIDOWED DIVORCED	Prince George's	Md.
	NAME OF HOSPITAL OR INSTITUT	TION (If not in hospital 120. USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Cheverly	e street oddress) Prince George I	Hospital during man	one life, even if retired.)	INDUSTRY
13o. USUAL RESIDENCE (Where deceosed lived, if ins	titution: Residence before 13c. (13e. STREET AND NUMBER	
odmission) STATE 186. COUNTY Maryland Prince	George's C.	linton YES NO	8333 Old Alexa	nder Ferry Rd.
4. FATHER'S NAME First Mid		15. MOTHER'S MAIDEN NAME FI	rst Middle	Lost
Thomas L. Proctor		Mary G. Pro	ctor	
60. WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	J 17 W
(Yes, no, or unknown) (If yes give war or dates of service	None	Thomas L. Pro	ctor 6333 01	Mark Rarry
1B. CAUSE OF DEATH (Enter only one couse pe	r line for (a), (b), and (c).)	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CALISED BY-		umonia, severe		BELWEEN UNSET AND DEATH
	OR AS A CONSEQUENCE OF	Severe	Construct Vill	
Conditions, if ony, which gove	ON NO N CONSEQUENCE OF			
nse to immediate couse (a), (b)	OR AS A CONSEQUENCE OF			
stoting the underlying couse DUE 10,				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB	HITING TO DEATH BUT NOT BELAT	TEN TO THE TERMINAL DISEASE OF COMP	ITION CIVEN IN DART 1/a)	
490	OTHO TO DEATH DOT NOT KEEK	TED TO THE TERMINAL DISEASE OR COND	IIION GIVEN IN PART I(0)	
190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPFRATION		20. AUTOPSY?
HCA	WAS PERFORMED?			YES X NO
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS 210. TIME	OF INJURY Month, Doy, Yeor	21c. HOW INJURY OCCURRED (Enter n	oture of injury in Port 1 or Port 2 1	
	A.M.	Hor Hook, Occounce (cille) II	o.o.o or injury in ruis i or ruit 2, 1	· • · • · • · • · • · • · • · • · • · •
PRIMARY OR CONTRIBUTING HOUSE CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJUR	P.M. 19 Y (At home, form, street,	21f. LOCATION Street or R.F.D. No.	City or Town	County State
WHILE AT WORK AT WORK		211. COOKTON SHEET OF K.I.D. NO.	City of Town	Coonity Stole
	(a) 1 (1 1 1 1			
220. I certify that I took charge of			Inspection , Inquiry	and in my opinion
deoth resulted from: Natural	ouses x, Acident	, Suicide , Homicide [J, Undetermined monner	
ACTUAL /	OX 1	CHIEF MEDICAL EXAM		
SIGNATURE	1 UM	M.D. ASSISTANT MEDICAL	7(SIGNED 0-18-68
EXAMINER'S	///	DEPUTY MEDICAL EX)-TO-00
NAME (Type) John Kehoe MD	Riverdale, M			
23o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c. NAME OF CEMET		3d. LOCATION (City or Town)	(County) (Stote)
Burial / 10-2b	Sic FResurr	ection Cem.	Clinton, Mary	rland

VR A15ME (5) 10M REV. 1/68

Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

5 may be retained far yaur files.

REMOVAL Specific Removal Company Burial 10-Rollins Function Cem. Blir 24. FUNERAL DIRECTOR BY REGISTRAR PLACE, N. E. DATE OCT 2 2 1 1968

Maryland 25b. REGISTRAR'S SIGNATURE

114941 208821 The or parties of the second was an incident and the second secon mi 25:2 - A) property and | Date | D anoth Lattered boat that I flore . District a microscopic bill of the contract . Programme and the second of dodochi .u vrad Hore Phoras L. Proctor Chinor, M., butter , simothers lambelle the TARREST TO THE STATE OF THE STA maria coma de la compania de la comp Holling Juneral Douges 1884 Face We E 1 001 2 2 1808 Fee Land 14931

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14941

100	丁香	931	MEDIC	CAL EXAMI	NER'S	CERTIFICAT	E OF DI	EATH		14	341	
	CEASED-NAME	First		Middle		Last	470		OF FCTI	Manth Day		2b. HOUR
(,	po or rining	Thoma	as	HUE	14	Quinn			DEATH MATED 🔯 1	10-11-6	1912	2:30pm
3. SEX	(4. RACE	S. DATE OF BI	RTH 6.	AGE (In years lost birthday)	MONTHS DAY		24 HRS.	2c. DATE PRONOUNCED DE	EAD		2d. HOUR
M	ale	White	10-2-1	916	52 YR				Month Pr	1 6	1818°	05 рт м
7a. Bl	RTHPLACE (Stot	e or foreign	7b. CITIZEN OF WI	AT COUNTRY?	8. M	ARRIED NEVER	MARRIED	9. COU	NTY OF DEATH	11/1/21		
quati	FLT.	n D	U	SA	WI	DOWED	IVORCED	P	rince George	e¹s		Md
10. CI	Y OR TOWN O	F DEATH		AME OF HOSPITAL O				USUAL OC	CUPATION (Kind of work	dane 12b. k	CIND OF BUS	SINESS OR
	Mt. Ra		gjve	ostreet oddress) 08 33rd.	Stree	et		PLL	f warking life, even if reti IMBER	LOA	TRY VSTRI	UCTION
13a. l	JSUAL RESIDEN	CE (Where deceos	ed lived, if instit	utian: Residence be	fare 13c. CI	Y OR TOWN	13d. INSIDE CITY		13e. STREET AND NUMBER			
Out	"Maryll	and	Prince	George's	Mt.	Rainier	YES 🔀	NO [4108 33rd.	Street	5	
14. FA	THER'S NAME	First	Middle		ast	15. MOTHER'S	MAIDEN NAME	First	Middle		los	st
2100	THO.	MAS	P.	QUIN	IN	A DA	LA	IDE	S. Mo	ILLA	MAA	1/
	AS DECEASED EV	ER IN U.S. ARMED		16b. SOCIAL SECURI	TY NO.	17. INFORMANT			ADDRESS ,	329	LAUR	EL AVE
(Ye	s, no, or unknow	(If yes give	war or dales of service)	579-10	-408	1 MA	er G	DM 1	ALLONEE			m)
	18 CAUSE OF	DEATH (Enter on	ly and cause per	ine far (a), (b), and		7.7.7.7	7	7.1.	ICOMBE		APPROXIMATE	
		DEATH WAS CAUSED) BY: 2	rd degree		19 100%	of hode	77 5131	rface		BETWEEN ONSET	T AND DEATH
	890	IMMEDIA	The chose (a)	AS A CONSEQUENCE		15 100/0	or bod,	y bu	1400			
	Canditians, if	any, which gove	DUE TO, UK	AS A CONSEQUENCE	: Ur					- 126		
	rise to immed	liote cause (o),	(b)	AC A CONCEQUENCE	0.0							
	stating the ur last.	nderlying cause	DUE TO, OF	AS A CONSEQUENCE	t Ur							
		,	(c)									
	1/60	SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED	D TO THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN IN PART 1(a)			
CERTIFICATION	190. DATE OF C	PERATION		19b. CONDITION FO		PERATION					20. AUTOPS	Y?
3				WAS PERFORA	AED?					1 5	YES [NO DE
ERI	21a. EXTERNAL	CAUSE WAS	21h TIME OF	INJURY Manth, Day,	Year	21c HOW INJURY	OCCURRED (F	nter natu	re of injury in Part 1 ar Pa	art 2 Itam 18		110 1201
	PRIMARY 0	R CONTRIBUTING		M. 10-11-	10 60	Burned				31 2, Henr 10.	,	
MEDICAL	CAUSE OF DEAT			At home, form, stre		21f. LOCATION Str			City or Town	ſ	-	Cont
~			ctory, office building		ei,).	City or Town	Cou	пту	Stote
	AT WORK		ome			same a						
	22a. I	certify that I to	aak charge af t	he remains desc	ribed abo	ve, held an Ai	itopsy,	Ins	pectian 🔀, Inqui	ry 🔲,	and in m	ny apinian
	death re	sulted from:	Noturol cau	🥦 🔲 , "Accio	dent .	Suicide 🔲	, Homicio	de 🔲,	Undetermined ma	nner 🗌		
		/	1 //	N/)		HIEF MEDICAL	EXAMINE	R 🗍			
	SIGNATURE _	61	Man	1 et	-0	M D.	ASSISTANT MED	DICAL EXA	MINER 22b	. DATE SIGNE		
	EXAMINER'S	1	1	, ,	•		EPUTY MEDICA	AL EXAMI	NER 🔀	10-12	2-68	
		John Kel	hoe MD	Riverda	ale, N	Id.	DDRESS(Street	t, city, ta	wn, or county)	18 1		
23a.	BURIAL, CREMA	TION, 23b.	DATE	23c NAME	OF CEMETER	Y OR CREMATORY	4	~ 23d.	LOCATION (City or Jawn)	(Coun	ty) (5	State)
6	REMOVAL (Spec	10	1-15-6	8 12	17	are To	Lean	1	15-04	10.	m	·L.
24. F	WERAL DIRECT		1		DRESS	2	2Sa, REC	D 8Y REC	GISTRAR 2Sb. REGIST	TRAR'S SIGNAT	URE	
A	/-	1	10	111	/	1	2 0	OT 1	9 1000 M	1	0 .	

24 haurs after death any delay is in them 18. Give Pages 1, 2, and 3 tars office along with farm PM3. Page Tapd 2 with the State Depa DICAL EXAMINER: This certificate should be executed within 24 haurs after death Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. necessary, please execute the certificate, writing the ward "pending" in pencil TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiny 5 may be retained far your files. TO DEPUTY

> VR A15ME (5) 10M REV, 1/68

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Page 4 may be retained by the hospitol or ottending physician.

O FUNERAL DIRECTOR: After this certificate has been

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ed within 24 hours after deoth

requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14942

12b. KIND OF BUSINESS OR

Last

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

INDUSTRY

Parker

2b. HOUR

5:45 AM

IF UNDER 24 HRS

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH (Type or print) Month Oct Rader Baby Boy 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) 10-05-68 Male Cauc. 9. COUNTY OF DEATH 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED XX country) Maryland U.S.A. WIDOWED [7] DIVORCED | Prince George's 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital rince Georges Gen. Hosp. during mast af working life, even if retired.) Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO Seat Pleasant 7009 A Street Md. Georges 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Russell James Rader Sonia Kav 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, ar unknown) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF. Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🗍

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

Month Doy Year

21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)

State

(If either, notify medical examiner)

21d. INJURY OCCURRED 21e. PLACE OF INJURY While Nat while at work

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

PHYS.

City or Town

County

(State)

22a. I certify that (*) (this hospital) attended the deceosed from Oct. 5, 1968, to Oct. 5, 1968, that (*) (we) lost saw the deceosed elive an Oct. 5 1968, and that in (not) (our) opinion death accurred an the date and haur and from the causes stated above, (*) (we) (did) (did not) view the body after death. 22b. SIGNATURE

22d. PHYSICIAN'S

24. FUNERAL DIRECTOR

NAME (Type)

DEGREE Remardo Alvarado, M.

ATTENDING MED. DIRECTOR 22e. ADDRESS

STAFF PHYS.

Prince Geo.Gen'l Hospital Cheverly, Md.

22c. DATE SIGNED Oct. 7, 1968

23a. BURIAL, CREMATION REMOVAL (Specific)

23b. DATE 10/12/68 Prince George's General

DDRESS

23d. LOCATION (City or Town)

Cheverly, Maryland

2Sb. REGISTRAR'S SIGNATURE

director, page 3 should be detache should be filed with the Stote Dept.

W. Ponn, Jr.

Administrator

HOS DE LEGISTRAR 15 1968

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VR A15ME (5) 10M REV. 1/68 REMOVAL (Specify)

24. FUNERAL DIRECTOR

F. Gasch's Sons Hyattsville, Md.

ADDRESS

Oct 11, 1968

Ft Lincoln Cemetery

25g. REC'D BY REGISTRAR 25

25b. REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14944	
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1200		CER	TIFICATE OF	DEATH				
1. DECEASED-NAME First		Middle	Lost		20. DATE OF DEATH	1779		2b. HOUR
(Type or print) Lou	is	W.	Redmon	d, Sr.	October	13	1968	5 P.A
Male Male	4. RACE Whi	ite	5. DATE OF 12/4	BIRTH /1888	6. AGE (In lost birthe			IF UNDER 24 HRS. HOURS MIN.
o. BIRTHPLACE (Stote or foreign country) Maryland	7b. CITIZEN OF WH		MARRIED NEVER M	ARRIED 9.	COUNTY OF DEATH Prince Georg	rang		Md
O. CITY OR TOWN OF DEATH Glenn Dale	11. NA	ME OF HOSPITAL OR INSTITUT	TION (If not in hospito	12a. USUAL (occupation (Kind of wo	ork done	12b. KIND OF B INDUSTRY	USINESS OR
130. USUAL RESIDENCE (Where deceased demission) STATE D.C.	sed lived, if instituti 3b. COUNTY		CITY OR TOWN	YES NO	_		N.E.	
14. FATHER'S NAME First James	Middle E.	lost Redmond		MAIDEN NAME First Mary		Middle	Summer	lost rs
160. WAS DECEASED EVER IN U.S. AR? Yes, no or unknown) (If yes give v	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY NO. 577-07-8839	17. INFORMANT	Be Louis U	1. Redmond,	ddress 34 che	veru.	n Ave. Md.
1B. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE	nly ane cause per lin D BY: Bi ATE CAUSE (a)	e for (a), (b), and (c).) lateral lowe	er lobar p	neumonia				ATE INTERVAL SET AND DEATH
Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENCE OF Imonary emph S A CONSEQUENCE OF Imonary tube		espirato	ry insuffic	iency	years 6 yea	
PART 2. OTHER SIGNIFICANT CO. Arteriosclero	nditions contributotic hear	ING TO DEATH BUT NOT RI t disease wi	th myocar	NAL DISEASE OR CON	dition given in part 10 arction (19	62)		
196. DATE OF OPERATION 196.	CONDITION FOR WHI	CH OPERATION WAS PERFOR	MED 20a. AL		20b. IF YES, WERE F CAUSES OF DEATH?	FINDINGS COI	NSIDERED IN CER	RTIFYING
190. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Manth Day Year		OCCURRED (Enter no	ature of injury in Part 1	ar Part 2, Ite	em 18.)	
While Nat while at work	. PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.			City ar Town		Caunty	State
22a. I certify that (t) (the saw the deceased of	live an	nded the deceased f 0/15/ 196 (didnot) view the bad	8_, and that in (/, 19 <u>_68</u> xxx) (aur) apinio	an death accurred a	in the dat	e and haur a	(P (we) las nd fram the
22b. SIGNATURE	e Wei	n	DEGREE PHYS.	☐ DIRE	CTOR & PHYS. L] 10/	ATE SIGNED 15/1968	3
22d. PHYSICIAN'S NAME (Type) Moe	Weiss, M	f.D.	22e. A	Glenn	Dale Hospi Dale, Mary	rland		
BREMOVAL (Specify) 10-	DATE -18-1968	Prospect		retery	23d. LOCATION (City or To	own) Jashin	4	(Stote)
Warner E. Pumph	. Glen Ca rey. Inc.	rter ADDRESS Si 8434 Ga. Au	l. Spr.	DATE OCT	2 1 1968	Aclia Iclia		·ge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicirectar, page 3 shauld be detached for use as the burial-transit permit. Then play shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, VR A15 (4) 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical campletely filled—in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please femave carbon papers, toges 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 2 they after death.
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	ASED-NAME	First	17.7	Middle		Last	- 4	2a. DATE	OF DEATH	De	V	2b. HOUR
(түре	e ar print)	Charle	es	T.		Richard	s	Oct		30.	1968 Year	11:07
. SEX		4. RAC	Ε	16	79	S. DATE OF E			6. AGE (In	yeors	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
_	Male		Caucas			1	29-189			75YRS.		
o. BIR country	THPLACE (Stote or forei		EN OF WHAT	COUNTRY?	8. MARRIEL WIDOWEL	NEVER MA	KKILD	9. COUNTY Prince	of DEATH ce Geor	ge's		M
	OR TOWN OF DEATH Cheverly	DOA		OF HOSPITAL OR INS t oddress) ce Geo.G					ON (Kind of w			BUSINESS OR
	UAL RESIDENCE (Where op) STATE			Residence before eorge's		r TOWN ainier	YES NO		STREET AND N		Street	5
14. FAT	HER'S NAME First		Middle	Last			AIDEN NAME FI	rst		Middle		Last
	AS DECEASED EVER IN L	J.S. ARMED FORCE yes give war ar dates al		b. SOCIAL SECURITY E		ohn F	Richa	ards			wash/2 cones	Lane
18	PART I. DEATH WAS			or (o), (b), and (c).		sion w	th Myo	cardia	al Infa	rcti	BETWEEN (IMATE INTERVAL ONSET AND DEATH
ris st la P	anditions, if any, which se to immediate causofing the underlying st. ART 2. OTHER SIGNIFICATION	se (o), cause	(b) TO, OR AS A (c)	CONSEQUENCE OF CONSEQUENCE OF TO DEATH BUT NO	OT RELATED	TO THE TERMIN	AL DISEASE ORCO	ONDITION G	IVEN IN PART 1	(0)		
CERTIFICATION 12	O. DATE OF OPERATION	19b. CONDITION	N FOR WHICH	OPERATION WAS PE	RFORMED	2Da. AUT YES			IF YES, WERE USES OF DEATH?		CONSIDERED IN C	ERTIFYING
3 0	o. ACCIDENT WAS UNI or contributing [] caus f either, natify medical	SE OF OEATH HO	UR A.M. A P.M.	JURY Nanth Day Year		HOW INJURY O	CURRED (Enter	nature of i	njury in Part 1	ar Part 2,	Item 18.)	
V	Id. INJURY OCCURRED While Nat while wark at work		(01)	HOME, FARM, STREET, FAC ICE BUILOING, ETC.			et ar R.F.D. Na.		City or Town		Caunty	State
2	2a. I certify that saw the decea causes stated	ised alive an_	Oct.	30	968, a	nd that in (r	7 , 19 <u>亿</u> 1y) (東城) apir	<u>&_</u> , ta_ nian deat	h accurred	an the d	ate and haur	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	DHYSICIAN'S	wer . B.	Bo	BONI			DRESS ST		STAFF PHYS. JERDAL	ER	Date signed	1968
	URIAL, CREMATION,	23b. DATE		23c. NAME OF			ANHAM		ATION (City or		(County)	(State)
		Nov. 2.		Cedar	Hill	Ceme:	ery	Su	itland		aryland	1
24. FU	NEVAL DIRECTOR	ond the	1-Ga	HODE F	24 . 5	.F	Osa. RENO	KEGISTRA	1968	CEGISTRAR	S SIGNATURE	a dan

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	1. DE	CEASED-NAME Firs	Jacquelyn		CERTIFICATE OF		a. DATE OF DE	.dl	14946	2b. HO
- 1		(pe ar print)	Jacquetine	_	Richardson	1	Oct.		^{оү} 1968 ^{еаг}	4:20
	3. SE	(Female	4. RACE Caucasia		S. DATE OF B		6.	AGE (In years last birthday)	HF UNDER I YEAR MONTHS DAYS	IF UNDER 24
-		IRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT C		8. MARRIED NEVER MA	0/31/ 193	OUNTY OF DE	110		
	caun	Maryland	US	A	WIDOWED DIVO	RCED P	rince (George's		
1		TY OR TOWN OF DEATH	give street	address)	STITUTION (If nat in hospital	12a. USUAL O	CCUPATION (Ki	nd af wark dane , even if retired.)	12b. KIND OF	BUSINESS O
2	odmi	heverly USUAL RESIDENCE (Where decec Ission) STATE aryland	L 13P CULINITA		lac city or town Upper Marlbo	13d. INSIDE CITY LIMITS?	13e. STREE	T AND NUMBER OLD FO	restvil	le Rd
I	14. F	ATHER'S NAME First	Middle	Lost	15. MOTHER'S M	AIDEN NAME First		Middle		Lost
		WAS DECEASED EVER IN U.S. AR	y Richards	on		a Klotz				
1	16o.	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? 16b.	SOCIAL SECURITY		D D4 -1		Address	Rd	
1						R. Richa	rason_	7711 01		MATE INTERVA
1		 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS) 	m n. 1.	1 11 1 11 11	•					INSET AND DE
- 1		IMMED	ED BY: IATE CAUSE (a)	UKE	u/jr					
-1		5732	DUE TO, OR AS A							
		Conditions, if any, which gove rise to immediate cause (a),	(D)	CHRGNI		1150	IFF.			
П		stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF						
		last.	(c)							
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE OR COND	ITION GIVEN IN	PART 1(o)		
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No.	8	21a. ACCIDENT WAS UNDERLYI			21c. HOW INJURY OC	CURRED (Enter nat	ure of injury i	n Port 1 or Part 2	?, Item 18.)	
-		OR CONTRIBUTING CAUSE OF DE	THE THUUK A.M. ME	autu non teat						
		OR CONTRIBUTING CAUSE OF DE	iner) P.M.	onth Doy Year	9	252.0	611			
	MEDICAL	(If either, natify medical exam 21d. INJURY OCCURRED 21e	iner) P.M.			et ar R.F.D. Na.	City or	Tawn	Caunty	Sto
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	MEDICAL	(If either, natify medical exam 21d. INJURY OCCURRED While \(\text{Nat while} \) 12 w While \(\text{Nat while} \) 22a. I certify that \(\text{saw} \) the deceased \(\text{causes} \) stated abav 22b. SIGNATURE 22d. PHYSICIAN'S	iner) P.M. . PLACE OF INJURY (AT HO OFFIC	DME, FARM, STREET, FA E BUILDING, ETC.	ed fram Oct 6 19 68, and that in (abody after death. DEGREE PHYS. 22e. ADI	, 19 68 X) (aur) apinia NG MED. DIRECT	, ta_Oct n death acc	TAFF	968 , that date and haur	#k (we and frain
	MEDICAL	(If either, natify medical exam 21d. INJURY OCCURRED While Nat while at wark 22a. I certify that (t) saw the deceased causes stated above 22b. SIGNATURE 1 the same of the sa	iner) P.M. . PLACE OF INJURY (AT HO OFFIC	ome FARM STREET, FAI to BUILDING, ETC.	ed fram Oct 6 9 68, and that in (R body after death. DEGREE PHYS.	, 19 68 (aur) apinian	, ta_Oct n death acc	TAFF	968 , than date and haur DATE SIGNED Oct. 8,	#k(we and fram
	MEDICAL	(If either, natify medical exam 21d. INJURY OCCURRED While \(\text{Nat while} \(\text{Nat while} \) 22a. I certify that \(\text{Saw} \) (t saw the deceased causes stated abav 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	iner) P.M. PLACE OF INJURY (AT M. OFFICE Dis haspital) attended in the property of the proper	ome FARM STREET, FAIR od the decease the d	ed fram Oct 6 9 68, and that in (R body after death. DEGREE PHYS.	, 19 68 X) (aur) apinia NG MED. DIRECT ORESS nce Georg	n death acc	TAFF	968 , that date and haur	1968 ever:
	MEDICAL	(If either, natify medical exam 21d. INJURY OCCURRED While \(\text{Nat while} \(\text{Nat while} \) 22a. I certify that \(\text{Saw} \) (t saw the deceased causes stated abav 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	iner) P.M. PLACE OF INJURY (AT M. nis haspital) attende alive an Oct. e, (the we) (did) did Roger B. In	ome FARM, STREET, FAI d the deceas	ed fram Oct 6 1968, and that in (R body after death. DEGREE ATTENDI 22e. ADI CEMETERY OR CREMATORY	, 19 68 (aur) apiniar NG MED. DRESS nce Georg	ta_Oct n death acc TOR S S S Gets Gets d. LOCATION	TAFF 22cc (City or Tawn)	9.68 , than date and haur DATE SIGNED Oct. 8, pital, Ch (Caunty) ME	#k(we and from
	WEDICAL 230.	(If either, natify medical exam 21d. INJURY OCCURRED While In Nat while In at wark 22a. I certify that (t) saw the deceased causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b.	iner) P.M. PLACE OF INJURY (AT M. OFFICE of INJURY) (AT M. OFICE of INJURY) (AT M. OFFICE of INJ	ome FARM STREET, FAI de Building, ETC. de the decease	ed fram Oct 6 1968, and that in (R body after death. DEGREE ATTENDI PHYS. 22e. ADI CEMETERY OR CREMATORY ANY Church Ce	, 19_68) (aur) apinian NG MED. DIRECT DIRECT DIRECT ACC George 135a PECIN RV PE	ton death acc	TAFF HYS. 22c (Gity or Town) TYILE 25b. REGISTRAR	9.68 , than date and haur DATE SIGNED Oct. 8, pital, Ch (Caunty) ME	1968 ever

MARYLAND STATE DEPARTMENT OF HEALTH

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executed within 24 haurs after death.

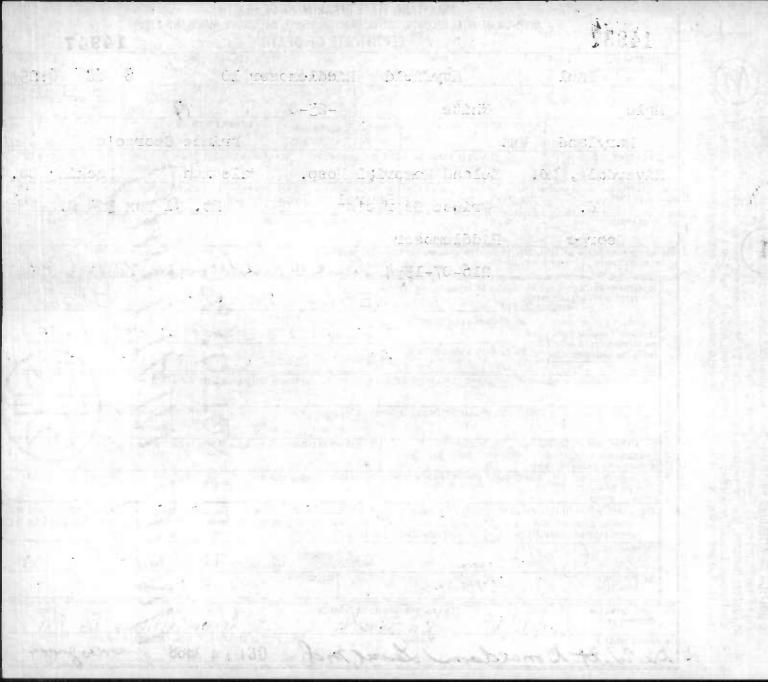
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert Page 4 may be retained by the haspital or attending physician.

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS.

TITAL RECORDS		***	11/201	011 31	14551	PARTI
	CFR'	TIFI	CATI	OF	DEA	TH

244	14937	CERTIFICATE OF DEATH 14947			
	DECEASED-NAME First (Type or print)	Middle	Last	2a. DATE OF DEATH Manth	2b. HOUR
-	raul Paul	Rayfield	Riddlemose	r 10	68° 6:25 M
3. 9	SEX	4. RACE	S. DATE OF BIRTH	O. NOE (III YOUIS	UNDER 1 YEAR IF UNDER 24 HRS. ONTHS OAYS HOURS MIN.
	Male	White	9-23-89	YRS.	MILE SALES
7a.	intro)		MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Maryland	0.024	VIDOWED DIVORCED	Prince George	
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITU pive street address) Memor	JIION (It not in haspital 12a. USU/	AL OCCUPATION (Kind of wark dane est of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY.
3	Riverdale, Mo				Packing Co.
3 adn	nission) STATE Md	d lived, if institution; Residence before /3	C. CITY OR TOWN 13d. INSIDE CITY LI	IMITS? 13e. STREET AND NUMBER Rt. #1 Box	304 A.
14.	FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME F	First Middle	Lost
	George Riddlemoser				
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give war or doles of service) 216-07-7594 (and W Riddlemaser Laurel Md.				
	1B. CAUSE OF DEATH (Enter only	y one cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY: 'E CAUSE (a)	RENAL FA	AILURE	1 DAY
	4129	DITE TO DR AS A CONSEQUENCE OF			
	Conditions, if ony, which gave inse to immediate cause (a),	(b)	CONCESTIVE	HOART FAILURG	I WEEK
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	9 RTERIUSCLEROTT	CC C-V DISEASE	UNKNOWA
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)				
CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFO		RMED 20g. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CON: CAUSES OF DEATH?	SIDERED IN CERTIFYING
MEDICAL CER		HOUR A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Port 2, Iter	n 1B.)
W	While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR) OFFICE BUILDING, ETC.			County State
1	22a. I certify that (1) (this haspital) attended the deceased from 22 3EP, 1948, to 80, 1968, that (1) (we) las saw the deceased alive on 1968, and that in (my) (aur) apinian death accurred on the date and hour and from the couses stated above, (1) (we) (did (did not) view the body ofter death.				
	22b. SIGNATURE (1) HOLLIGIAN DEGREE PHYS. DEGREE PHYS. DIRECTOR DI				
1	22d. PHYSICIAN'S NAME (Type) C. J. HOUMANN 22e. ADDRESS RIVERDALE MD.				
230	D. BURIAL, CREMATION, REMOVAL (Specify) 23b. 6	ATE 11/68 23 NAME OF CEN	ETERY OF CREMATORY	23d. LOCATION (City of Town)	(Caupty) (State)
24.	FUNERAL DIRECTOR	ADDRESS	2So. REC'D E		
	0.0 71.11	on aldson Les	nel ma DATE O	C1 14 1968 xum	nes yman.



FOR STATE HEALTH DEPT.

any delay is 2, and 3 to

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O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Departm the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm Health prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages-1

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

•.	TITTE MEGONDO	7 001 11. 1 11.	. Oli Olikaali,	
	MEDICAL F	XAMINER'S	CERTIFICA	TE OF DEATH

14948

	ECEASED NAME	First		Middle		Lost			20. DATE KI	NOWN S	Aonth D	oy Yeor 2b. HOUR
(Type or Print)	Holli	Le			Roberson		10	OF I	1011	0-19	-68 1910:45pm
3. SI	X 4	. RACE	S. DATE OF BIR	TH 6. AGI	(In years birthday)	IF UNDER 1 YEAR MONTHS QAYS	IF UNOER	24 HRS	2c. DATE PRO	ONOUNCED DE	AD	2d. HOUR
	fale	Negro	6-3-19	13 55	YRS.	Table Park			Month 10	190	Y	6819 10:45pm
	BIRTHPLACE (Stote of		. CITIZEN OF WHA	AT COUNTRY?		RRIED NEVER MA		9. COU	INTY OF DEAT	TH		
	buth Ca		USA				ORCED		ince G			Md
10. C	On town of the Chever		give st	ME OF HOSPITAL OR IN treet oddress) ince George					CUPATION (Ki			2b. KIND OF BUSINESS OR IDUSTRY
130.	USUAL RESIDENCE	(Where deceosed	lived, if institu	tion: Residence before	13c. CITY	OR TOWN 13	d. INSIDE CITY I			AND NUMBER		P - P
Må	mission) STATE		Prince	George's	Cora	1 Hills	YES N	10 🔲	1410	Boone	s Hi	11 Rd.
and the Owner, where the Persons is not to provide the Persons is	ATHER'S NAME	First	Middle	Lost		15. MOTHER'S MAI	DEN NAME	First		Middle		Lost
	foT,	nn H. F	oberso	n			(Geor	rgie	DA A	ams	
	WAS DECEASED EVER	IN U.S. ARMED FO	RCES?	16b. SOCIAL SECURITY N	0. 1	7. INFORMANT			-9	ADDRESS	-	Ave., S.E
(1	es, no, or unknown) No	(If yes give wa	r or dates of service]			Seorgie	A. I	Pete	erson	daug	hter	1306 S.C.
		EATH (Enter only	one couse per lin	ne for (o), (b), ond (c).)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	PART I. DEA			ronchopneu		a.						1 week
	0119	THE COUNTY		AS A CONSEQUENCE OF					- 9.			
	Conditions, If ony, which gove) (b) Pulmonary tuberculosis										over 1 yr.	
3	rise to immediate couse (o), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
	last.)	(c)									
	PART 2. OTHER SIG	NIFICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH BUT NOT	RELATED	TO THE TERMINAL D	ISEASE OR (ONDITIO	N GIVEN IN P	ART 1(o)		
2	0021		100									
CERTIFICATION	190. DATE OF OPE	RATION		19b. CONDITION FOR W		RATION		2 1	THE REAL PROPERTY.		1110	20. AUTOPSY?
TIFIC				WAS PERFORMED?								YES NO
	210. EXTERNAL CA			NJURY Month, Doy, Year	2	1c. HOW INJURY O	CURRED (En	ter notui	re of injury in	Port 1 or Po	ort 2, Item	18.)
MEDICAL	CAUSE OF DEATH	CONTRIBUTING	HOUR A.M									
MEC	21d. INJURY OCCU			t home, form, street,	2	If. LOCATION Street	or R.F.D. No.		City or	Town		County Stote
	AT WORK AT W	WHILE TOCTO	ory, office building	j, etc.)					,			
			ak charge of th	ne remains describe	ed abave	held an Auto	nsv 🔀	Ins	pection X	d, Inqui	rv 🗀.	and in my apinian
		Ited fram:		es X, Accident			Hamicid			rmined ma		7
		1	1) 12	/ //			EF MEDICAL					
	ACTUAL	Hata	in 11	o has	0		ISTANT MED			22b	DATE SIG	GNED
	SIGNATURE	1110	11/1	11		III.D.	UTY MEDICA		-		10-	-20-68
	NAME (Type)	John Keh	oe MD	Riverdal	e. M	d. ADI	RESS(Street	, city, to	wn, or county)		mycemiatri
23a	BURIAL, CREMATIC	ON 23b. D	ATE			OR CREMATORY		23d.	LOCATION (C	ity or Town)	- (0	th Carolina
F	REMOVAL (Specify	(/10,	/25/68	1	0			E	dgefi	eld,	Sou	th Caroline
24.	FUNERAL DIRECTOR	Holin	11.11	4001 Ber	55 /2		2So. RECT	BY REG	GISTRAR	25b. REGIS	TRAR'S SIG	NATURE
St	tewart /	Funera.	LHome	4001 Ber	n'i'n	g Rd., N	DATE .UI	1 6	5 196	p KC	Mary	les Judge

VR A15ME [5] 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14949 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) ESTI-Alan Francis Robins 10/18/68 19 8; 20A DEATH MATED Page of o delay 6. AGE (In years S. DATE OF BIRTH 1/6/1928 IF UNDER 1 YEAR IF UNGER 24 HRS. 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD 2d. HOUR and male white 40 1968 9:15AM YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH USA country) Washington Prince George's WIDOWED [DIVORCED Give Pages, 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done er death 12b. KIND OF BUSINESS OR Drive street address f 6640 23rd ave. during most of warking life, even if retired.) Woustry Lewisdale 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Pro Geo odmission) STATE Lanham 6884 Riverdale, Road. 00 YES INO 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Thomas D Robins Marjorie Denslow pencil in pages haurs should be farwarded to the Chief Medical Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) Wilf yes give war or dates of service) Thomas D Robins Lanham, Md. yes File .⊆ APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending Gun shot wound of head DUE TO, OR AS A CONSEQUENCE OF a burial-transit Conditions, if ony, which gove rise to immediate couse (a), This certificate shauld writing the ward DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO PO the certificate. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M DICAL EXAMINER: crematian, Shot self in head with 12 gauge shot gun. :20A P.M10/18/689 CAUSE OF DEATH 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote 5 may be retained for your O FUNERAL DIRECTOR: Page Driveway of 6640 23rd ave Lewisdale Prince George's please execute Maryland 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian Natoral causes 7. Suicide X, Hamicide Undetermined manner death resulted from Accident CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 10/18/68 Health **EXAMINER'S** John Kehoe MD Riverdale, Md NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) 10/21/68 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. DATE OCT 22 1968 Missela VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where decea	sed lived, if institu	tion: Reside	nce befor	e admissio	on)
	o. COUNTY Princ	e George	9 's	MAR	YLAND	o. STATE Mary]	Land	b. (O(Pri	nce	Geo	rge
	b. CITY OR TOWN (If outside	le corporote limits,	C.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside carparote limits, write RURAL and give neorest town)						
	write RURAL and give n	Park		Hours		Riverdale						
	d. NAME OF HOSPITAL OR I		hospital, give	street address)	621	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	9714 51st	Avenue				6310 51s	st Av	renue			YES	NO.
3.	NAME OF	First		Middle		Last	4. DATE	Mor		Doy	Ye	or
	DECEASED (Type or print)	Edna	F1	orence	- 1	Rogers	OF DEATH	Octol		16	19	68
S.		LOR OR RACE 7	MARRIED X	NEVER MARRIE	D	B. DATE OF BIRTH	9	9. AGE (In years	IF UNDER Months	1 YEAR Days	IF UNDER	24 HRS.
	Female Wh	ite	WIDOWED	DIVORCE	D 🔲	1/23/1896		72 yrs.	MOITINS	Duys	Honis	Mul.
10	o. USUAL OCCUPATION (Give bring most of working life, eye	and of work done		OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, ar fo	oreign cauntry)	12. C	ITIZEN OF	WHAT	- 11.3
du	ring most at warking lite, eye HOUSOWII	n if refired)	NO	ne		Virginia	1		1 "	OUNTRY?	.A.	
13	. FATHER'S NAME	7 7 5				14. MOTHER'S MAIDEN I	NAME					
	Tren	ton Turi	ner			Ella E	Hitt					
15	. WAS DECEASED EVER IN U.S	ARMED FORCES?	16. SOCI.	AL SECURITY NO.	17. 1	NFORMANT		Add	ress			219
(Y	es, no, or unknown) (If yes	give war ar dates of si	577	054310	B A	ndrew C Ro	ogers	same	as a	bov	0	
	18. CAUSE OF DEATH (E		per line for (o),	(b), ond (c).)							ERVAL BE	
	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (o)	14	16USTA	4110	PNEI	UMO	NIA.		ON	SEA AND	the.
	188X	DUE TO	. /	1								
П	Canditians, if any, which		CA	RCINO	MA	1. 4BT	DOM	IN AL.		1	29	0.
	rise to immediate caus stating the underlying										2	
	last.	(c)	C146	INOM	17	BLAD	DE	*		× m.		い.
z	PART II. OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO D	EATH BUT NOT RE	LATED TO 1	HE TERMINAL DISEASE CON	NDITION GIV	EN IN PART 1(a)		19.	WAS AUT	OPSY IED?
AT10	1810									Y	ES 🗍	NO 🗌
TIFIC	20a. ACCIDENT WAS UNDER		205. DESCRI	BE HOW INJURY	OCCURRED.	(Enter nature af injury in	Part I ar Pa	rt II af item 1B.)	1			
GR	OR CONTRIBUTING CAU											
MEDICAL CERTIFICATION	20c. TIME OF INJURY Me	onth, Day, Year		Y OCCURRED		E OF INJURY (Home, farm		(City or tawn)	(()	ounty)		(Stote)
ME	Haur o.m.	19	While of wark	Nat While at work	Taci	ary, street, office bldg., etc.)				4	100	
	21. I certify the	it (I) (this hospit	tal) attended	the deceased	from	Selet 10,	1960,	to Och 1	15,19	62, 11	not (I) (we) las
		ed alive an	ech 13	1960,	and tha	t death occurred at	30	M, from couses				d abave
	220. SIGNATURE	17	to	/		ATTENDING 🖂	MED.	STAFF		DATE SIGN		210
	Kuh	and Ky	Man		M.1	D. PHYS.	DIRECTOR	LJ PHYS. L	1 01	w	16/9	68
22c. PHYSICIAN'S NAME (Type) DR RICHARD F. Shayl 1324 - Wichighn Ave									NE			
	J	KAICH		- /	11029			71 19	-1	-		
23	la. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE		23c. NAME OF CEM				OCATION (City or T		(Caunty	(5	stote)
L		10/19/	1968	Fort L	inco	ln Cemete:					py]	an d
	24. FUNERAL DIRECTOR		77		25a. REC'I	BY REGIST		REGISTRAR'S				
1	Nallev's F	uneral	Home W	IL. Rai	nier	NIC - DATE	JI I U	IUUD .	X.	rund.	Nothern	No.

prod 2 in 24 hours ofter deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exi Poge 4 may be retoined by the hospitol or attending physicion. VR A15 (4) 20 M 1/66

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and 2 death. within 24 haurs after death. urperal TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campetely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 h executed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.

VR A15

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

14942		DIVISION OF \	ITAL RECORDS,				RE, MARY	'LAND 21201				
				ERTIFICA	TE OF DEA	ATH			14	95	2	90
DECEASED-NAME (Type or print)	First	4	Middle	Rol	Lost	20.	. DATE OF D		ay 14	Year 8	2b. 1	HOUR 35
3. SEX		O. RACE			DATE OF BIRTH		6	S. AGE (In years	IF UNDER	RIYEAR	IF UNDER	
Female		Ne	gro		6-18-	-1890		last birthday)	MONTHS	DAYS	HOURS	MIN
70. BIRTHPLACE (Stote of	r foreign	7b. CITIZEN OF WHA	COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO	UNTY OF D					
country) Q.C.		U.S.A	1.	WIDOWED Z			Rince	e George	cs			N
Hy Hay	EATH	give st	ME OF HOSPITAL OR INS reet oddress) Hygy	TITUTION (If not	in hospital	2a. USUAL OCC uring most of	CUPATION (K working lif	(ind of work dene e, even if retired.)	12b. INDi	KIND OF I JSTRY	BUSINESS	OR
13o. USUAL RESIDENCE (Vadmission) STATE				Wash	/ vre!	SIDE CITY LIMITS?	13e. STREI	et and number 6 3 d St.	N.U	J.		
14. FATHER'S NAME	First	Middle	Lost		MOTHER'S MAIDEN	NAME First		Middle			Lost	
AR	chie		BERRY			SAR	ah					
16a. WAS DECEASED EVE			16b. SOCIAL SECURITY N	10. 17. IN	ORMANT		,	Address				
Yes, na, ar unknawn)	(It yes give war	or dates of service)	577-01-946	9 Day	ighter . Ed	erlenal	Miser	-49263	srd St	. N.	w.	
18. CAUSE OF DEA	ATH (Enter anly	ane cause per line	far (a), (b), and (c).	-		nica o	/	1		APPROXIA	ATE INTER	
	H WAS CAUSED		Cong	estin	e Hee	ul 7	and	ung				
14379	IMMEDIAT		A CONSEQUENCE OF	DLL.		ALC: NO				W.		
Conditions, if ony,	which gave)	00E 10, 0K A	Hannal	-	of done	bula	Neine	salus	20			
rise to immediate		(b) OP AS	A CONSEQUENCE OF	7 4	1 4 -0 400	,						
stating the under	lying couse	(c)	A CONSEQUENCE OF									
	ENIFICANT CONF	OTTONS CONTRIBIT	ING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISE	ASE OR CONDIT	TION GIVEN I	IN PART I(a)				
1 1 1.	A A	0 11000	0	Anni	L. I	and on contra		, , , , , , , , , , , , , , , , , ,				
190. DATE OF OPERA	TION 19h C	ONDITION FOR WHIC	TH OPERATION WAS PER	PEORMED	20a. AUTOPSY?		20h JE Y	ES, WERE FINDINGS	CONSIDER	FD IN CF	RTIFYING	G
190. DATE OF OPERA	175. 6		er or Extended to the	KI OKINEO	YES 🗀	NO 🗆		OF DEATH?				
21g. ACCIDENT WA	AS LINDERLYING	21b. TIME OF	INTERY	21c HOV	/ INJURY OCCURRE		re of injury	in Part 1 or Part 5	Item 18	1	-	
OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.M.	Month Day Year				ne ar injury	in rais rai rais z	., 110111 10.	,		
21d. INJURY OCCU	RRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOC	ATION Street ar R	R.F.D. Na.	City or	r Town	Coun	ty	S	State
22a. I certify	that (I) (this	haspital) atte	nded the decease	ed fram_5	- 4	, 1968	, ta / 0	-14,1	968	, that	(I) (w	(e) lo
saw the o	deceased ali	ve on /o-	did not) view the	9 5 and	that in (my) (o	our) opinian	death ac	curred on the	date ond	hour	and fro	om tl
22b. SIGNATURE	line	, Ro	one s	M.D DEGRE		MED.		CTAFF	c. DATE SIG		68	-
22d. PHYSICIAN'S NAME (Type)					22e. ADDRESS	01	0 2	r. s.	E.			
23a. BURIAL, CREMATION Burial (Specify)	23b. D.	ATE 1/18/68/	A Harmo		REMATORY			(City or Town)	(Cour	nty)	(Stote	9)
24. FUNERAL DIRECTOR	Achu	11.4	-4001 B	XI.	2So.	REC'D BY REG		2Sb. REGISTRA	R'S SIGNAT	-	42	

and the first of the contract 14943

DECEASED-NAME First Middle 20. DATE OF DEATH (Type or print) Month TIMOTHY 4 RACE S. DATE OF BIRTH 3 SFX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 JUNE 1968 last birthday) CAUCASIAN HOURS 7o. BIRTHPLACE (Stote or fareigns 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA RINCE WIDOWED [DIVORCED OUERID RICO ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY ANDREW. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES X NO W. STREET IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost First ALTON BRIGIDA ARIES 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) W. ST. PUERTA XATKER. 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 3 mes DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove rise ta immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work ot wark 22a. I certify that (1) (this haspital) attended the deceased fram 30 Access saw the deceased alive on 19 63 and that in (my) 19 60 to 6 000 _19 68 and that in (my) aur) opinion death occurred on the date and hour and fram the causes stated obove, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ymond MALCOLM GROW USAF HOSP ANDREWS 234 NAME OF SEMETERY OR CREMATORY 230. BURIAL EREMATION, 23d. LOCATION (City or Town) (State) 23b. DATE (County) EMOVAL (Specify) 25b. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR

1968

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

Middle

H

White

7b. CITIZEN OF WHAT COUNTRY?

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Lost

S. DATE OF BIRTH

May 19, 1909

Rose

8. MARRIED NEVER MARRIED

20. DATE OF DEATH

6. AGE (In years

lost birthdoy)

October

9. COUNTY OF DEATH

14954

IF UNDER 1 YEAR

DAYS

12b. KIND OF BUSINESS OR

MONTHS

2b. HOUR

HOURS

Lost

funeral i 1 and 2 ter death. thin 24 hours after death. Son popers proges 1 within 22 hours after filled completely attending physicion and co permit. Then please remo exe PHYSICIAN: The law requires that the death certificate be permit. by the hospitol or ottending ATTENDING O HOSPITAL OR ATTEND Poge 4 moy be retained

14946

First

Nathan

4. RACE

1. DECEASED-NAME

3. SEX

(Type or print)

Male

7o. BIRTHPLACE (Stote or foreign

cremotian, or removal, and in any event, signed by the burial-transit p burial, cremotic

New York U.S.A. WIDOWED [DIVORCED [Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not interprite 12o. USUAL OCCUPATION (Kind of work done give street oddress 1107 Palmer Rd. Oxon Hill during most of working life, even if retired.)

Sheet Metal Wk. Oxon Hill. Md. 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY rine George Oxon Hill 1107 Palmer Rd. 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Dora Cooper Sam Rose 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service) 066-01-0128 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Generalized Atherosclerosis rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? NO [YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 3-14 sow the deceased olive on 10-15 19.68, and that in (1) couses stoted abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Richard H. Dobson, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) King David Cemetry Alexandria, Virginia DR VR A15 [4] The Demaine Funeral Homes, Inc. 30M REV, 1/68

AddreWashington, D.C. Mrs. Charles Ettinger, 9603 Cleveland Lane BETWEEN ONSET AND DEATH 1 Day Years 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) City or Town County Stote 19 66 to 10-15 19 68 , that (we) last _19_68, and that in (my) (our) opinion death occurred on the date and hour and from the 22c. DATE SIGNED MED.
DIRECTOR Brandywine, Maryland 20613 23d. LOCATION (City or Town) (County) Falls Church, Virginia 2So. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles 1968

Viite (4.1 19.9 99) Prince Cerry Cross Hall. Md. | LLCY Palmer Rd. Comm Hill Sheet Metel Mc. Princ Coores Oxon Fill The May 1707 Pelecy To. . 53/ क ती अं Dr Coper 1.10 11 123% 066-01-0728 Man. Charles Williams. 9/03 Clavelent Kan I Day no isa a Inianasawa deneralized atherosolerosis

3-1-01 66 3-10-15

B A STALL A STALL A

Michigan is applicable to the control of the contro

Depict 10/17/68 King David C acts Falls Church, Virginia The Demuice Concert Bomes, Inc.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14945			CERTIFICA	TE OF DEATH			1495	5
1. DECEASED-NAME	First	Middle		Lost	2a. DATE OF E	DEATH	V	2b. HOUR
(Type ar print)	George	M.	Rot	intree	Oct.	Month 22,	1968 Year	1 P. N
3. SEX	4. RACE		5	. DATE OF BIRTH		AGE (In years	IF UNOER 1 YEAR	IF UNDER 24 HRS.
Male	Cau	casian		189	98	lost birthdoy) YR	MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (State or for	reign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIEDAFT	NEVER MARRIED	9. COUNTY OF I	DEATH ,		
COUNTRY CORRELL	A .	11 6	WIDOWED	DIVORCED	Design	Coomania		Mo
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INS give street oddress)		during me	L OCCUPATION (ost of working li	George's Kind of work done fe, even if retired,	e 12b. KIND OF	BUSINESS OR
Cheverly	11 121 27 3	Prince Geo.G	en'1 Ho	spital GR	CERY	CLERK EET AND NUMBER	GIANT	Food Co
admissian) STATE Mary Land	13b. COU	nstitution: Residence before	Lanhar	YES X NO		3 6th St	reet	
14. FATHER'S NAME Fir				MOTHER'S MAIDEN NAME F		Middle		Lost
& EORGE	= 1	ROUNTREF		UNKN	BWN			
16a. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17. INI	FORMANT		Address	24	
Yes, no, or unknown)	(If yes give war or dates of servi	UNKNOW	N GE	ORGE A. ROL	NTREE	, SAME	AS #	3
1B. CAUSE OF DEATH PART I. DEATH W.	(Enter only one couse	per line far (a), (b), ond (c).						IMATE INTERVAL ONSET AND OEATH
PART I. DEATH W.	IMMEDIATE CAUSE (o)	Broncho-p	neumoni	la - bilatera	al.			
582X	DUE TO	, OR AS A CONSEQUENCE OF						
Conditions, if ony, wh		Chronic N	ephriti	is.				
rise to immediate co		, OR AS A CONSEQUENCE OF						79/100
last.) (c)						
PART 2. OTHER SIGNIF	ICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE OR C	ONDITION GIVEN	IN PART 1(a)		
= 592X								
19a. DATE OF OPERATION	N 19b. CONDITION FO	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b. IF 1	YES, WERE FINDINGS	CONSIDERED IN	ERTIFYING
SEL				YES XXX NO	CAUSES	OF DEATH?		
	AUSE OF GEATH HOUR		21c. HOV	V INJURY OCCURRED (Enter	nature of injury			
OR CONTRIBUTING CO		P.M. 19		471011 A	F1:			· ·
While Not while at wark		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	211. 100	ATION Street or R.F.D. No.	City o	or Town	Caunty	State
22a. I certify tha	t (* (this hospital)	ottended the deceose	ed from_O	ct. 13, , 196	8_, ta_0	ct. 22,	19 <u>68</u> , tha	t (X) (we) las
saw the deci	eased alive on_C	oct. 22,	9.68, and	that in (mx) (our) opi	nion deoth o	ccurred on the	date and hour	and from the
causes stoted obove ((l) (we) (did) (eights) view the body after deoth.								
22b. SIGNATURE	ATTENDING MED.					STAFF -	c. DATE SIGNED	
	Just Se	2000011	DEGRE	PHYS. D	IRECTOR \Box	PHYS. L	Oct. 22,	1968
22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS				
1777712 (1790)	Dogge R.	Inchem M. D.		Prince Geo	Gen'1	Hospital.	Cheverl	v. Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cappleted directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove care shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, VR A15 (4) 30M REV. 1/68

BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

23a.

23b. DATE

5-19

In by the funeral aurs after death.

executed within 24 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital ar attending physician.

FORT ADDRESS MD. RIVERDALE,

23c.

NAME OF CEMETERY OR CREMATORY

INCOLN

250. REC'D BY REGISTRAR 8 1968

23d.

LOCATION (City or Town)

REGISTRAR'S 25Ь.

(County) (State)
MARYLANT

a serios lability

Sect. 11. 1008

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. mistemps, Standard Charlestein

as selected R. Abellet, T. D. _ _ _ induce Con. Fer'l novelest, Cherterly, C.

Character (Andrews Control of the Co

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

****	HECON	20, 00.	*** * ***	TOTE STITLET,	D/12111110111	.,
MED	ICAL	FXAN	INFR'S	CERTIFICA	ATE OF I)FATH

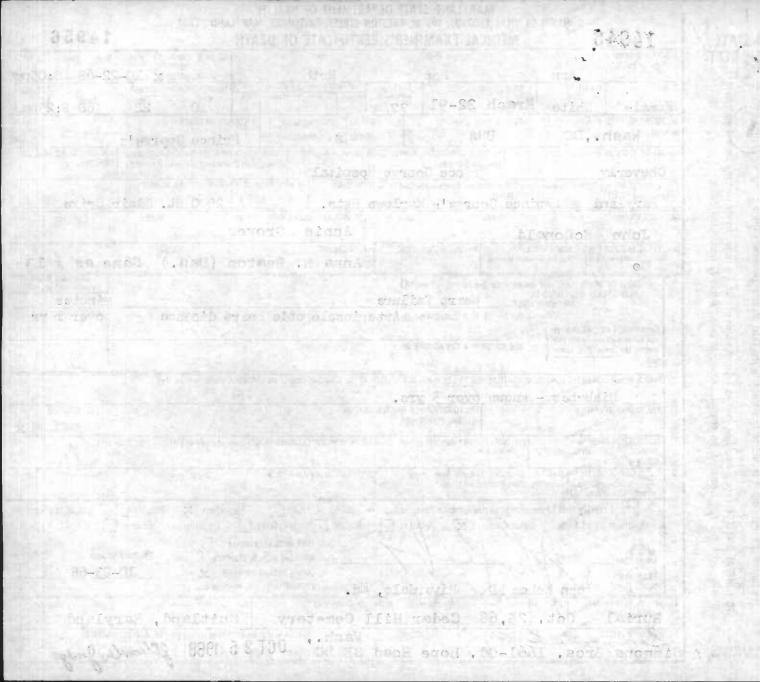
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-3	4	63	100	line.	
1.0	4	. 1	2.7	13	

1.200	R U	INEDIC	AL EVAIN	HAFK 2	CENTIL	ICHIL	OI DI	AIII				
1. DECEASED-NAME (Type or Print)	Fire	st	Middl	е		Last			2a. DATE KNOWN	Mantl	th Day Year	2b. HOUR
(Type of Film)	Ann		Mae			Ruth			OF ESTI- DEATH MATED	M 10	-22-68 19	8:05pm
3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In y	6012	DER 1 YEAR	IF UNDER		2c. DATE PRONOU	NCED DEAD	DESCRIPTION IN	2d. HOUR
Female	White	Mrach	32-91	last birthdo	yrs. Months	DAYS	HOURS	MIN.	Month	Dox	Year 8	3:25pm M
o. BIRTHPLACE (Sto	ote or foreign	7b. CITIZEN OF WHA		8.	MARRIED [NEVER MA	RRIED	9. COU	NTY OF DEATH			
country) Was	h.,DC	US			WIDOWED 5		ORCED	P	rince Ge	orge !	3	Mo
O. CITY OR TOWN C		nive s	ME OF HOSPITAL treet oddress) rince G						CUPATION (Kind a working life, eve			BUSINESS OR
130. USUAL RESIDE	NCE (Where deced	sed lived, if institu	tion: Residence	before 13c.	CITY OR TOW	/N 13	3d. INSIDE CITY	LIMITS?	13e. STREET AND	NUMBER		-76110
odmissian) SIAI	ind	Prince Ge	orge's	Marlo	we Het	s.	YES 🔲 I	NO 🗌	2900 St	. Cla	ir Drive	
14. FATHER'S NAME John	First	Middle nald		Lost		THER'S MAI	IDEN NAME	First OVES	3	Middle		Lost
60. WAS DECEASED E	EVER IN U.S. ARMED		16b. SOCIAL SECU	JRITY NO.	17. INFOR	MANT			AD	DRESS		
(Yes, no. ar unkno	own) (If yes giv	re war or dates of service)			An	na M	. Bes	ator	n (Dau.) SE	ame as	# 13
1B. CAUSE O	OF DEATH (Enter a	nly one couse per li ED BY: IATE CAUSE (o)			е				V.			MATE INTERVAL INSET AND DEATH
410	29	DUE TO, OR	AS A CONSEQUE	NCE OF Ar	terios	scler	otic	hear	t diseas	е	over	l yr
Canditions, if any, which gave }												
rise ta immediate cause (a), Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
last.	, ,	(4)										
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BU	T NOT RELA	TED TO THE	TERMINAL D	DISEASE OR	CONDITIO	N GIVEN IN PART	(0)		
- 4200T	Diabetes	- known	over 5	vrs.								
190. DATE OF		IMIONII	19b. CONDITION		OPERATION					-	20. AUTO	OPSY?
2			WAS PERFO	RMED?							YES	NO Tat
190. DATE OF 21a. EXTERNAL PRIMARY CAUSE OF DEA	OR CONTRIBUTING			ay, Yeor	21c. HOW	INJURY O	CCURRED (E	nter natu	re of injury in Part	1 or Part 2		
21d. INJURY O	CCURRED 21e.	PLACE OF INJURY (At home, form, s	treet,	21f. LOCA	TION Street	or R.F.D. No].	City ar Town		County	State
WHILE AT WORK	NOT WHILE AT WORK	actory, affice building	g, etc.)									
		taak charge af tl	ne remains de	scribed a	have held	an Auto	nnsy 🗔	Ins	pectian X,	Inquiry	nnd in	my apinian
	resulted fram:		ses 🔀, Ac				Hamicio		Undetermin			triy apinan
ACTUAL	/	1	Y	1			EF MEDICAL					
SIGNATURE.		What	101						MINER		ATE SIGNED	
EXAMINER'S		1001	· V		20.		PUTY MEDIC				10-23-68	
NAME (Type	AIIII	Kehoe MD			Md.		DKF22(2)Lee.		wn, ar county)			
230. BURIAL, CREM		DATE 25,68			TERY OR CRE		ery		LOCATION (City of Suitland		(County) aryland	(Stote)
24. FLOTERAL DIREC		Bros.	20 D	ADDRESS	Wa	sh.,	2So. REC	D BY REC	GISTRAR 2Sb	REGISTRAR	R'S SIGNATURE	
Simmons	Bros.	1661-Gd	. Hope	Ros	d SE	DC	DALOC	123	1968	gelia	when land	AF.

VR A15ME (5)

TO DEPUTY

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department at



14947

MARYLAND STATE DEPARTMENT OF HEALTH

OF VITAL RECORDS, 301 CER	W. PRESTON STREET,	, BALTIMORE, MARYLAND 21201 ATH	1495
Middle	Lost	2a. DATE OF DEATH	

	ECEASED-NAME	First		Middle		Lost	2a.	DATE OF DEATH		2b. HOUR
(Type or print)	4	Baby	Girl		Savoy	0	ct. Month 9,	Doγ 1968eor	7:30Pm
3. S	EX		4. RACE		2	S. DATE OF BIRTH		6. AGE (In years		
	Female		N	egro		Oct. 5,	1968	lost birthday)	YRS. MONTHS DA	YS HOURS MIN.
	BIRTHPLACE (State or for ntry)	eign		F WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO U	INTY OF DEATH		
10 (Maryland CITY OR TOWN OF DEATH			U.S.A. 11. NAME OF HOSPITAL OR			1 4 4	ince George UPATION (Kind of work de		Md. OF BUSINESS OR
	Cheverly		E 646	give street oddress) Prince Geor	ge's G	en'l Hospit	na most of s	working life, even if retire		
13o. adm	USUAL RESIDENCE (When ission) STATE Marvland	re deceos	13b. COUN	stitution: Residence befor TY Ce George*s		VEC	NO [13e. STREET AND NUMBER		
14.	FATHER'S NAME Firs	st	Midd			IS. MOTHER'S MAIDEN NA	AME First	Middl		Lost
	. WAS DECEASED EVER IN (es, no, ar unknawn)		ED FORCES? ar or dates of service	16b. SOCIAL SECURIT	Y NO. 17.	INFORMANT		Addre	SS	
	PART I. DEATH WA Canditions, if any, whi rise to immediate car stoting the underlying	AS CAUSED IMMEDIA ich gave) use (a),	BY: TE CAUSE (a) DUE TO, (b)	or line for (a), (b), and (Hyalin me OR AS A CONSEQUENCE O Breech OR AS A CONSEQUENCE (embrane Present		with b	ronchopneum	BETWEE	ÓXIMATE INTERVAL EN ONSET AND DEATH
	last. (c)									
Z	PART 2. OTHER SIGNIFI	CANT CON	DITIONS <u>CON</u>	RIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL DISEAS	E ORCONDITI	ON GIVEN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION	19b. (CONDITION FO	R WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	10 🔲	20b. IF YES, WERE FINDING CAUSES OF DEATH?	NGS CONSIDERED IN	CERTIFYING
MEDICAL CE	21a. ACCIDENT WAS UI OR CONTRIBUTING CA (If either, natify medica	USE OF DEATI	HOUR	AE OF INJURY A.M. Manth Day Ye R.M.		HOW INJURY OCCURRED	(Enter nature	e af injury in Part 1 or Pa	rt 2, Item 18.)	10
ME	21d. INJURY OCCURRED While Nat while at wark ot wark	21e.		RY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f.	OCATION Street or R.F.	D. Na.	City or Tawn	County	State
	220 L certify that	osed old dobove	ive on	lid and real view th	osed from 19.68, oi e body ofter	Oct 5, nd that in (resc) (our death.	19 <u>6.8</u> ,) opinion (to Oct. 9, deoth occurred on th	, 19 <u>68</u> , th e dote ond ho	at 如木(we) lost ur ond from the
	22b. SIGNATURE		11	(B) NO.		GREE PHYS.	MED. DIRECTOR	STAFF C	22c. DATE SIGNED Oct. 11.	
	22d. PHYSICIAN'S NAME (Type)	Bee		Alvarado, M	D.	22e. ADDRESS Prince	Georg	e's Gen'l Ho	spital,	Cheverly.
	REMOVAL (Specify)		0/26/6	B # Prific		General Ho	sp. 23d.	Cheverly, M	(County) Nary Land	laryland
24	FLINEDAL DIPLOTOR	AM	11	Wines	22	250 PI	EC'D BY REGI	STRAR 25h REGISTI	PAR'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the writer director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages hand should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death uted within 24 haurs after **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be exeloged 4 may be retained by the haspital ar attending physician.

William A. Parker, Assoc. Administrator

DATE OCT 29 1968 Acharles Judge

14824 40 m a 'escos de Trita Converte Land Propose course Proposition the life and the second that the second second is the beauty COCK 300 XX Service along the state of the service of the servi AND STATE OF STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14948 14958 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Inst 20. DATE OF DEATH HOUR (Type or print) October Myrtle Schools 1968 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 1F LINDER 24 HRS. last hirthday) 7/4/1897 Female Negro 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country Virginia U.S.A. Prince Georges WIDOWED TX DIVORCED | Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Dale Hospital during most of working life, eyen if retired.) **INDUSTRY** Glenn Dale law requires that the death certificate be executed with and campletely event, 13c. CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 136. COUNTY YES NO remove Washington 1st Street, N.W. any 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Jacob Crawford Carrie Tucker please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address [(II yes give war or dates al service) Yes, no, or unknown) removal, Decedent 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH Recurrent cerebrovascular accident with quadri-PART I. DEATH WAS CAUSED BY: mo. IMMEDIATE CAUSE (o) plegia crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ()Generalized arteriosclerosis years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0) Arteriosclerotic by hypertensive cardiovascular disease; pulmonary, tuberculosis, moderately advanced; right mastectomy 1964 for carcinoma of the breast as the has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO IX O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I **certify** that (1) (this haspital) attended the deceased from 10/18/saw the deceased alive an 10/31/19/68, and that in (20) 19 68 to 10/31/ 19 68 , and that in (mox) (aur) apinian death accurred on the date and haur and from the be retained should causes stated abave, (4) (we) (did) (APPAS) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 10/31/1968 DEGREE director, page should be filed PHYS. DIRECTOR 22e. ADDRESSGlenn Dale Hospital 22d. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE

VR A15 (4) 30M REV. 1/68 23o. BURIAL, CREMATION,

11-6-1968

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FLINERAL DIRECTOR 1968

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Arlington, Virginia

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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er/Per	and the	-	_	-

19.5%	62.		1100	11000						
1. DECEASED-NAME (Type or print)	First Robe	Middl rt		lost Seeley	Sr.	Oct.	DEATH Month 1.	Day 1968 Year	2b. HOUR 7:15P	
3. SEX	4. RA	ICE .		S. DATE OF I		161	6. AGE (In years last birthday)	HE UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
Male		aucasian		March	4, 3		86 Y	RS.		
70. BIRTHPLACE (State country) Norfolk 10. CITY OR TOWN OF Cheverly	Va	ZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPIT. give street address) Prince G	WIDOW!	f nat in haspital	ORCED 12a, USU	AL OCCUPATION	E George (Kind of work do	ne 12b. KIND OF INDUSTRY	BUSINESS OR	
	(Where deceosed lived,	if institution: Residence COUNTY INCE George	befare 13c. CITY	OR TOWN	13d. INSIDE CITY L	IMITS? 13e. S	REET AND NUMBER	lis Road		
14. FATHER'S NAME	First	Middle	Last	1S. MOTHER'S A			Middle		Lost	
	Rodney W				Unl	known				
Yes, no, or unknawr	/ER IN U.S. ARMED FOR () (If yes give war or dates (of captica)		Necie	A. Se	eley 5	102-Ann	apolis	Rd MATE INTERVAL	
rise to immedia stoting the und last. PART 2. OTHER S	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the least conditions with allers schools heart									
OR CONTRIBUTING (If either, natify 21d. INJURY OCC While Not wat wark at w 22a. I certify saw the	County C									
22b. SIGNATURE ,	famil	ve) (did) (sidopos vid Zer, M. D.		EGREE ATTEND PHYS.	DRESS [MED. DIRECTOR Gen 1	STAFF PHYS.	22c. DATE SIGNED 10.2.6		
23a. BURIAL, CREMATI REMOVAL (Specif	ON. 23b. DATE	23c. N	NAME OF CEMETERY		Cem.	23d. 10CATI	ON (City ar Tawn)	(Caunty) North Ca	(State)	
24. FUNERA DIRECTO	Bro Bro		ADDRESS Was	h DC		BY REGISTRAR	2Sb. REGISTR	AR'S SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camptetely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages T and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any eyent, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

Pages T and 2

ecuted within 24 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expanded 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	TEAM			ERTIFIC	ATE OF DEATH			1330	U		
	CEASED-NAME First ype or print) INFAN	OF MALE S	Middle KINNER		Last		TE OF DEATH OBER Manth 11 De	°Y 1968°°	2b. HOUR		
3. SE)		. 4. RACE	•		5. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
	Male	Caucas			10 October		YRS		18		
FAYR	IRTHPLACE (State ar fareign	7b. CITIZEN OF WE		WIDOWED		PR II	NCE GEORGES		Md		
AND	REWS AFB	Ma	AME OF HOSPITAL OR INS Street address) Grow	USAF	Hospita	mast af wai	ATION (Kind of wark dane rking life, even if retired.)		BUSINESS OR		
13a. l admis	USUAL RESIDENCE (Where deceasession) STATE Md.	ed lived, if institut 13b. COUNTY	ian: Residence befare .nce George			NO CX	3e. STREET AND NUMBER 9502 Claric	on Road			
14. F/	ATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN NAME	E First	Middle		Last		
		Skinner			Joan V Ande	rson					
	WAS DECEASED EVER IN U.S. ARA es, na, ar unknawn) (If yes give w		16b. SOCIAL SECURITY N	O. 17. IN	FORMANT		Address				
	cs, no, or briking will			F	ather 9502	Claric	on Dr. Oxon	Hill, Md			
	1B. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE)	nv A	ne far (a), (b), and (c).)		introx	SNA	envila		MATE INTERVAL NSET AND DEATH		
	1/60	DUE TO, OR	A CONSEQUENCE OF	OA	7	0)	100			
	Canditians, if any, which gave nise to immediate cause (a),	(0)	remar	line	Man and a second			100	CO		
	stating the underlying cause	DUE TO, OR A	AS A CONSEQUENCE OF								
	last.	(c)									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO	CONSIDERED IN CERTIFYING					
	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEAT	H HOUR A.M.	FINJURY Manth Day Year	21c. HO			f injury in Part 1 or Part 2	, Item 18.)			
ME	While Nat while		AT HOME, FARM, STREET, FACTORFICE BUILDING, ETC.		21f. LOCATION Street or R.F.D. No. City or Tawn Caunty State						
	at wark at wark 22a. I certify that (I) (this haspital) attended the deceased from 1968, and that ir (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.										
	22b. SIGNATURE RILLIAN DEGREE PHYS. ATTENDING MED. DIRECTOR DIRECTOR PHYS. DIRECTOR										
	22d. PHYSICIAN'S NAME (Type) Raym	ond Phil	ntz				Grow USAF H		31		
		t. 24. 19	68 23c. NAME OF O	oton N	ational	. 23d. LC	OCATION (City or Town) Arlingto	n, Virgi	(State)		
24.	FUNERAL DIRECTOR	Murphy	Funeral H	ome nia 2		D BY REGISTR		'S SIGNATURE	42		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the iffer adirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed wit<u>b</u> VR A15 (4) 30M REV. 1/68

Page 4 may be retained by the haspital ar attending physician.

hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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2b. HOUR

CERTIFICATE OF DEATH DECEASED-NAME Last First Middle

20. DATE OF DEATH

- (1	JOA1	N VANCE SKINNER				21 Octobe	r 19	68	4:3	35P
3. SI		4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
	Female	Caucasián		June 30,	1936	6. AGE (In years last birthday) 32 YRS.	MONTHS	CATS	HOUKS	MIN
		7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIE WIDOWE	D 🔀 NEVER MARRIED 🗌	9. COUNTY OF		Coun	ity		M
	ndrews AFB	11 NAME OF HOSPITAL OR	INSTITUTION (I	not in haspital 12a. U Hospital during	SUAL OCCUPATION	(Kind of work done		KIND OF I	BUSINESS	SOR
13a.	USUAL RESIDENCE (Where decease issian) STATE Md	ed lived, if institution: Residence before 13b. COUNTYP G County	re 13c. CITY (OR TOWN 13d. INSIDE CO	TY LIMITS? 13e. ST	REET AND NUMBER 2 Clarion	Road	ł		
14.	FATHER'S NAME First	Middle Lost		1S. MOTHER'S MAIDEN NAM	E First	Middle			Last	
	Gerald	Anderson		Nancy		Vance				
1	(es, na, ar unknawn) (if yes give w	MED FORCES? 16b. SOCIAL SECURITOR or dates of service) 62 520-34		INFORMANT Paul E Skinn	er, 9502	Address Clarion F	Rd, C)xon	Hi	11
		ly one couse per line for (o), (b), and of BY:		ALL ALL	SHOC	k	В	SETWEEN OI	NATE INTER	
	PART 1. DEATH WAS CAUSED BY: 15670 DUE TO, OR AS A CONSEQUENCE OF									
	Canditians, if any, which gove) rise to immediate cause (a),	(b) S	EPTI	c Puch	or Ara	GHBOU		1 7	AY	
ŀ	stating the underlying cause last.			CHATIC A	SSCES	2.		7 0	EE	rs
NO	576x	NDITIONS CONTRIBUTING TO DEATH BUT					(0)(0)	50 IN 65	DTIFVAL	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSTANT OF CAUSES OF DEATH?								KUFTIN	G
MEDICAL CER	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Manth Doy Ye	or 19	HOW INJURY OCCURRED (E		ry in Port 1 or Port 2,	Item 18.)			
ME	21d. INJURY OCCURRED 21e. While Not while at work of work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f.	LOCATION Street or R.F.D.	Na. City	or Town	Count	у		State
	22a. 1 certify that (1) (the	is haspital) attended the decedive an 2 (ive an 2), (i) (we) (did) (did nat) view th	_19_ S & a	nd that in (mv) (aur)), ta_≥ apinian death (accurred an the de	ate and	, that haur o	(F) (w	/e) la am th
	22b. SIGNATURB	2 K Fale +	DE OF	GREE PHYS.	MED. DIRECTOR	STAFF C	DATE SIG	NED C	-68	
	22d. PHYSICIAN'S LINGUARD R I	FARBER CAPT USA	AF MC	22e. ADDRESS	- Gw	USAF	14	32 R	'文'	X
		t. 24. 1968 Arl	inaton	National	Ar	ON (City or Town) Lington, V		nia	(State	e)
24.	FUNERAL DIRECTOR	Murphy Funeral Arlington, Vine	Home		OCT 24	1968 PEGISTRAR	SIGNATU	RE S	udg	K
		7	1						17	

VR A15 (4) 30M REV. 1/68

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executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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12 12.			CEASED-NAME	First		Middle		Last		2o. DATE OF	The state of the s	٧.	2b. HOUR
funeral T and 2		(1	ype ar print)	GEORGE	WILS	SON	SMIT	Ή		0	CTOBER 31.	1968	7:15
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ag the			MALE		WHI	re		8-31-	-1906		lost birthday) YRS.	MONTHS	HUUKS MIN.
\$ 16	lus,	7o. 8	RTHPLACE (State or fore	ign 7b. Cl	TIZEN OF WHAT CO	OUNTRY?	8. MARRIED	NEVER MARRI	ED 9.	COUNTY OF	DEATH		
d in 727		coun	Worth Car	olina	US	A	WIDOWED [DIVORCE	ED 🗀	Prin	ce Georges		М
filled thin 7	00	10. C	ITY OR TOWN OF DEATH		11. NAME O	F HOSPITAL OR INS	TITUTION (If nat i	n haspital	12a. USUAL	OCCUPATION	Kind af work dane	12b. KIND OF	
W d x			Hillcrest H	Heights	give street	221 Col	ebrook :	Dr.	garing mas	t of working!	ife even if retired.)	INDUSTRY	S Gov.
重ちま	11	13a.	USUAL RESIDENCE (Where	deceosed live	d, if institution: R	esidence befare	13c. CITY OR TO		d. INSIDE CITY LIMIT	TS? 13e. STR	EET AND NUMBER		
omp eve	16	oami	ssian) STATE MARY	AND 13b	PRINCE C	GEORGES	HILLCR	EST HG	MEST NO[242	1 COLEBROO	K DRIVE	
ony	1		ATHER'S NAME First		Middle	Lost		OTHER'S MAID	DEN NAME Firs	it	Middle		Last
e re			Georg	ge	W.	Smith			A	nnie		Freela	nd
eos	200		WAS DECEASED EVER IN			SOCIAL SECURITY N	IO. 17. INFO	DRMANT			Address		
hys vol.			es, no, ar unknawn) (11	7-15-4	2 - 1945	579-2	2-3553	Agne	s G. S	mith	2421 Co	lebrook	Dr.
attending physician ond componential. Then please remove on, or removol, and in any eve			18. CAUSE OF DEATH (Enter only one	couse per line for	(o), (b), ond (c).)		1 1	011	1		NATE INTERVAL NSET AND GEATH
rmit.			PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAU		Ansil	o Mm	MAN	And 1	Ander.		24	
atte erm			4109		UE TO, OR AS A C	ONSEQUENCE OF.	1 /	1-	1 1	11 1:			7
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by transcream			rise to immediate caus stating the underlying		UE TO, OR AS A C	ONSEQUENCE OF						0	4-1-7
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physician. signed by the attending physician and completer filled i buriol-transit permit. Then please remove carbon paper buriol, cremation, or removol, and in any event, within 72		В	PART 2. OTHER SIGNIFIC	ANT CONDITION	IS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO T	HE TERMINAL D	DISEASE OR COI	NDITION GIVEN	IN PART I(a)		1977
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pit pit po		MEDICAL	(If either, notify medico	exominer)	P.M.	19							
by the hos frer this ce be detoche State Dept.		W	21d. INJURY OCCURRED While Not while	21e. PLACE	OF INJURY (AT HO	ME, FARM, STREET, FAC BUILDING, ETC.	TORY.) 21f. LOCA	TION Street	ar R.F.D. Na.	City	ar Tawn	County	Stote
the det		8	at work at work					, 1					
by Start			22a. I certify that saw the dece	(I) (this has	pital) ottende	d the deceose	d from	hard town		, to	10-3/,19	68, thot	(I) (we) la:
R. A.			causes stated	abave.(1) (we) (did) (did-	not) view the	body after de	nasm (my) ath.	(aur) apini	ion deoin o	ccurred an the ad	re ond nour	and from in
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ov the file	1		22d. PHYSICIAN'S	1		1		22e. ADDRE		1. 1	/ 11	C. C.	
d be	1	,	NAME (Type)					29	6410	chol	s Ave.	77	
Popular Among be retained To FUNERAL DIRECTOR: A director, page 3 should should be filed with the		23o.	BURIAL, CREMATION,	23b. DATE		23c. NAME OF	CEMETERY OR CR	EMATORY		23d. LOCATIO	N (City ar Town)	(County)	(Stote)
5 5 5 E			REMOVAL (Specify)	1.1	-4-68		rrectio	n Ceme	tery			. Geo.	Md.
VR A15 (all	24.	FUNERAL DIRECTOR			ADDRESS	8 Suitl	and Rif	Sa. REC'D BY	REGISTRAR	2Sb. REGISTRAR'S		
30M REV. 1	1981		Robert E. V	Vilhelm	Fun. Ho		ttland,	Md. I	DATE NO	6 1	968 sch	wer for	edge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME	First	100	Middle		Lost		2a. DATE O					2b. H	OUR
	Type or print)	Sophia		J.		Smith			Month	18	68	r		٨
3. SI	Female	4. RACE		nite		5. DATE OF B	6/75		6. AGE (In last birth 93	years nday) YRS.	IF UNDER 1 YE		UNDER 2	24 HRS. MIN
COU	BIRTHPLACE (Stote or for intry) Marylane	ı U	SA		WIDOW		RCED 🗌		ince	George				Mo
	Clinton, M	a.	pive stree		rdens	3	during m	AL OCCUPATION ost of working Dusewif	life, even i		12b. KINI INDUSTR		SINESS	OR
13o. odm	USUAL RESIDENCE (When ission) STATE Md.	re deceosed lived, if	institution:	Residence befare Geo.	Blad	or town ensburg	13d. INSIDE CITY LI		REET AND N	UMBER onstor	ı Ave	nue		
14.	FATHER'S NAME Firs	rnelius	Middle	lost Trest	lee	1S. MOTHER'S M	Jul			Middle	K	ens	lost Ler	
1	NAS DECEASED EVER IN Yes, no, or unknown) Unknown	U.S. ARMED FORCES (If yes give war or dates of s	envire)	. SOCIAL SECURITY I 14-14-36		7. INFORMANT Margare	t Tolso	on, Cli	nton,	Address Maryl	and	20'	735	
	18. CAUSE OF DEATH WART I. DEATH WART II. DEATH WART I. DE	IS CAUSED BY: IMMEDIATE CAUSE (DUE 1 ch gave (a),	(b) CV	ardiac A		t						PROXIMATI FEEN ONSE		
CERTIFICATION	PART 2. OTHER SIGNIFI 4330 19a. DATE OF OPERATION	TO DEATH BUT NO	AS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF CONDITION GIVEN IN PAR 20b. IF YES, WE CAUSES OF DEA			YES, WERE	ERE FINDINGS CONSIDERED IN CERTIFYING							
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 19													
	21d. INJURY OCCURRED While Nat while of wark 22o. I certify that sow the dece		ol) attende	18	ed from	ond that in (m		2 to_	or Town	8, 19 on the dot	County 6d, t e and ho	hot (I) (we	e) los
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	heat	Z	apen.	0.0	EGREE ATTENDII PHYS. 22e. ADD	D	AED. DIRECTOR	STAFF PHYS.		ATE SIGNED)		
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 0ct 22,	1968	Cedar	Hil.	or CREMATORY 1 Cemete		23d. LOCATION Suitl		ro Ge	(Caunty)	М	(State)	
24.	FLINERAL DIRECTOR	. Gasch's	Sons	Hyatts	vill	e, Md.	2Sa. REC'D B	PEGISTRAR 2	1968	REGISTRAR'S S	IGNATURE		. 10	

DATE

ion and completely filled in by the Tune of tose remave carban papers. Pages 1 and 2 and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the Turgfal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Hend 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4)1 30M REV. 1) 8 . Bladensburg × Bladensburg.

gaet is \$ 100 seed on the state of a fabruary

VR A15 45M - 1/

Administrator

HOSPILES REC'D BY REGISTRAR 25b.

25b. REGISTRAR'S SIGNATURE 8 filianles Judge

20001 - 10004			
and the second		ALD	vdel
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a'arm	C wanted	200	Boolyxan
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AND LOS MARKET	Title Time to the age	in usual allertud bouted	Smilerni
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A TOTAL CONTRACTOR			September 1
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Merth gale	ricis for seri	-L	-11
		codenda i i i e	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled-in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please sensore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 mars patter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

6

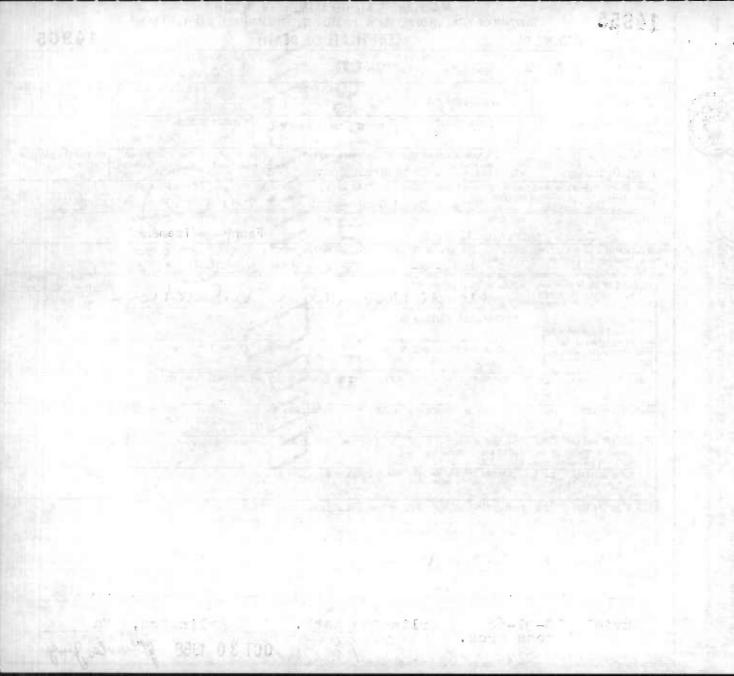
14955

	MAKILAND STATE DEPARTMENT OF HEALTH
DIVISION OF	VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
JUANITA	CERTIFICATE OF DEATH

14965

	ECEASED-NAME Type or print)	First JU A NI	ra mod	Middle ORE S	TANSEL	Lost L	20.	DATE OF DEATH October 27		2b. HOUR 7:10M
3. SE	x Female	6 3	4. RACE Cauc	casion		September	r 25,1	908 6. AGE (In year last birthday)	YRS. IF UNDER 1 Y	EAR IF UNDER 24 HRS. DAYS HOURS MIN.
7o. I	BIRTHPLACE (Stote or f htry) Virginia	oreign ,	7b. CITIZEN OF WHA		WIDOWEDX		P	NTY OF DEATH rince Georg		Md.
10. (City or town of dea Camp Sptcin	TH		ME OF HOSPITAL OR INS reet oddress) LCOLM Grow		Total Control		JPATION (Kind of work		D OF BUSINESS OR RY
13o. odm	USUAL RESIDENCE (Whission) STATE Mar	vland	d lived, if institution 13b. COUNTY	n: Residence before	13c. CITY OR 1 Camp	OWN 13d INSID Springs ^{YES}	NO	13e. STREET AND NUMB 4409 Simmo		
14. 1		irst mes	Middle Malcolm V	Lost	15.	MOTHER'S MAIDEN N	AME First Fanny	wiseman Mid	dle	Lost
160. Y	(es, no, or unknown)		ED FORCES? Ir or dates of service)	16b. SOCIAL SECURITY N 579-58-11		formant rbara Dodj		Simmons Abdr Springs, N	Md,	
		was caused IMMEDIA hich gove	BY: TE CAUSE (o) DUE TO, OR AS	For (o), (b), and (c). A CONSEQUENCE OF	Mac	412cleal	Tv	faction		PROXIMATE INTERVAL VEEN ONSET AND DEATH days
NC	lost.)	(c) DITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEAS	SE OR CONDITION	ON GIVEN IN PART 1(0)		
TIFICATION	190. DATE OF OPERATION	ON 19b. 0	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	ORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?				IN CERTIFYING
MEDICAL CERTIFICATION	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med 21d. INJURY OCCURR While Not while of work of work	CAUSE DE DEATH	HOUR A.M. P.M.	INJURY Month Doy Yeor 19 AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				e of injury in Port 1 or P	County	Stote
	22a. I certify th saw the de causes stat	at (I) (thi	s haspital) atte ive an Octo x(1)x (we) (did) (nded the decease bor 24 1 did not) view the	ed fram Oc 968, and bady after d	tober 24 , that in (by) (au eath.	19 <u>68</u> , r) apinian (ta_October25 death accurred on t		
	22b. SIGNATURE.	hael	1.20	Casteri	DEGRE	11113.	MED. DIRECTOR	Grow USAF		27,1968
	NAME (Type)		L S. GOL			Andrew	s AFB,	Washington	n, D.C.	20331
	BURIAL, CREMATION, REMOVAL SPECIFY		31-68	23c. NAME OF Arli	ngton	Natl.		LOCATION (City or Town Arlington	, Va	
24.	EUNERAL DIRECTOR	one one	ons Bros	1661	WASh,	DC 250. R	OCT 3	0 1968 PEGIS	TRAR'S SIGNATURE	Judge

VR A15 (4) 30M REV. 1/68



Int of

PM3. Page

xamingl's Office along with form

24 naurs after death Dny delay is in Item 18. Give Pages 1, 2, and 3 to

within 24 hours after death

This certificate shauld be executed

DICAL EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-4	4	0	10	0
	64	V	The last	-lin

1420	0	MEDIC	AL EXAMINE	R'S C	ERTIFI	CATE	OF DE	HTA				14	196	6
1. DECEASED-NAME (Type or Print)	First		Middle			Lost			2o. DATE I	KNOWN ESTI-] Month	Doy	Yeor	2b. HOUR
(1) po or 11mm)	Geor	ge			Stewa	irt		200	DEATH	MATED IX	10-1	.0-68	192:	55am
3. SEX	4. RACE	S. DATE OF BIR		E (In years birthday)	MONTHS	ER 1 YEAR OAYS	IF UNOER HOURS	-	2c. DATE PI	RONOUNCE				2d. HOUR
Male	White	1-16-19				UATS	HUUKS	MIN.	Month		To	68	19 3:	15am
70. BIRTHPLACE (Stot	te or foreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. M.	ARRIED K	NEVER MA	RRIED 🗌	9. COU	NTY OF DE	ATH		1		4
Washin	eton De	1	USA	WII	DOWED 🗌	DIVO	RCED [Pr	rince	Geor	ge 's			M
Washin 10. CITY OR TOWN O	F DEATH	11. N/	AME OF HOSPITAL OR II					JSUAL OC	CUPATION (Kind of w	ork done	12b. KIND		INESS OR
Chever	lv	give s	treet oddress) ince Georg	е Но	spita	1 /	Re	to l	working lift	e, even it	retired.)	INDUSTRY		
130. USUAL RESIDEN	ICE (Where deceose	ed lived, if institu	tion: Residence before	13c. CIT	Y OR TOWN	V V 13	d. INSIDE CITY	LIMITS?	13e. STREET	AND NUA	ABER	-		11/10
Maryland	Pr	ince Ge	orge's Bou	leva	rd Hg	ts.	YES 🔲 I	NO 🔲	4916	Byer	s Str	eet.	S.E	
14. FATHER'S NAME	First	Middle	Lost		1s. MOT	HER'S MAI	DEN NAME	First			ddle		Lost	
	Albert	E. Stv	wart			Ca	athe	rine	e Nic	hol	son			
160. WAS DECEASED E			16b. SOCIAL SECURITY I	NO.	17. INFORM					ADDRE				
Yes no or unknown	(If yes give v	var or dates of service)			Eva	E. 3	Stewa	art	4916	-By	ers S	st s	E	
1 18. CAUSE OF	F DEATH (Enter only	y one couse per li	ne for (o), (b), ond (c)									AP	PROXIMATE WEEN ONSET	
	DEATH WAS CAUSED	DV	ulmonary h		rrha ge	a							urs	AND DEATH
011.9	IMPEDIA		AS A CONSEQUENCE OF				ercu	losi	g		245.7		r 6	mo.
	ony, which gove	/b)		- 0.22	101101	y our	,0100					0,0		
	diote couse (o), (nderlying couse (DUE TO, OR	AS A CONSEQUENCE O	F		-			1-60	2591	ALC: N		- 1	- 51
lost.)	(4)												
PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTI	ING TO DEATH BUT NOT	RELATED	O TO THE TE	RMINAL D	ISEASE OR	CONDITIO	N GIVEN IN	PART 1(o)				-
10753		- 1												
190. DATE OF O	OPERATION	- 31777	19b. CONDITION FOR	WHICH OI	PERATION	975						20.	AUTOPSY	?
FICA			WAS PERFORMED	?									YES 🗀	NO St
190. DATE OF (CAUSE WAS	21b. TIME OF	INJURY Month, Doy, Yea	or	21c. HOW	INJURY OC	CURRED (Er	nter notur	e of injury	in Port 1 o	or Port 2. It			(2)
	OR CONTRIBUTING		M.											
PRIMARY CAUSE OF DEA			At home, form, street,		21f. LOCATI	ON Street	or R.F.D. No).	City o	r Town	-	County		State
WHILE AT WORK	NOT WHILE TO	tory, office buildin	g, etc.)						, 0					
		ok charao af ti	he remains describ	ا ماما	us bold s	n Aude		la s	pection P	Z 1-	anim.	7	Jim m	
	esulted fram:		_ //					_	_		qu i ry [a in m	y opinior
deom re	esulled Irdin:	Natural cons	ses k, Accider	"-	Suicide		Hamicio			erminea	manner			
ACTUAL		12/1	7,11				EF MEDICAL		-	1	22b. DATE	CICNED		
SIGNATURE _				,		FLID.			MINER _	-31		10-11	_60	
EXAMINER'S	John Wah	· · · · · · · · · · · · · · · · · · ·	Dirrondolo	Ma			DESSISTED		WIT, OF COUNT	hul		10-11	-00	
230. BURIAL, CREMA	John Keh		Riverdale				WESS (SILGE)					16	10	
REMOVAL (Sper		t 12-68							LOCATION			(County)	,	tote)
27 PAPER	DRAN Bro.						2So. REC		itla		Ma: EGISTRAR'S	ryla		
Simmons	Bros 1		d Hope H	Wa Na	sh D	C	0	OF KEG		168		relas		
THIMPIIO	DI OP T	OOT-GOC	Trope I	in D	120		DATE	101	14 1	סשי	Kure	Treas.	VAL	444

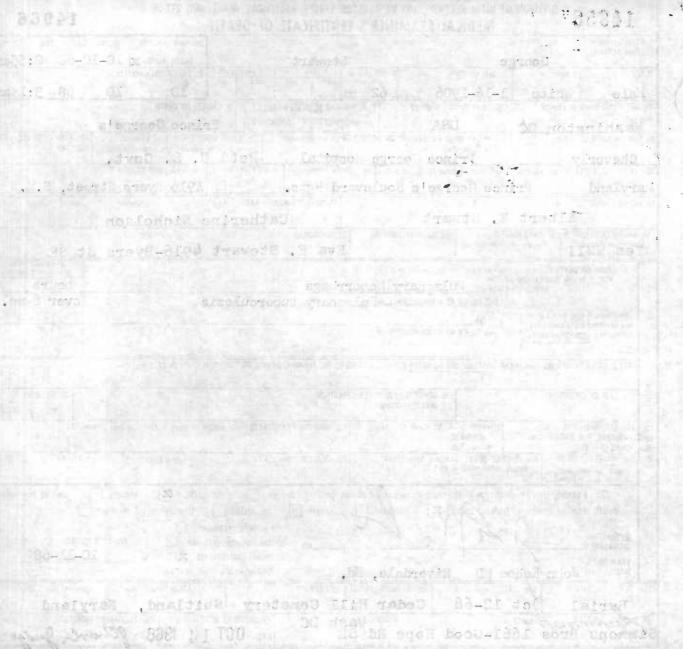
VR A15ME [5] 10M REV. 1/68

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State,

the funeral directar. Page 4 shauld be farwarded to the Chief Medical necessary, please execute the certificate, writing the word "pendings"

5 may be retained far yaur files.

Health priar to burial, cremation, ar removal, and in any event within 72 hours after death.



the funeral director.

retoined

ACTUAL SIGNATURE **EXAMINER'S** ohn Kehoe MD NAME (Type) Riverdale. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY

Oct. 25.68

death resulted fram:

REMOVAL (Specify)

Natural causes K

ADDRESS(Street, city, town, or county) Md.

Suicide [

Hamicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER IN

Inspection x

23d. LOCATION (City or Town) (County) (Stote) Washington National Cem. Suitland, Maryland

10-23-68

22b. DATE SIGNED

14967

1910:48pmM

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

minutes

unknown

20. AUTOPSY?

YES 🔲

County

Inquiry

Undetermined manner

NO X

Stote

and in my apinian

Doy

INDUSTRY

Wash . 250. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS Bros. 1661-Gd. Hope Rd. SE. DC. DCT 25 1968

22a. I certify that I taok charge of the remains described above, held an Autapsy ...

Accident .

2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5)

0

burial,

Heolth

FOR STATE HEALTH DEPT. any detay is 1, 2, and 3 ta

ng with form PM3. Page

This certificate shauld be executed within 24 haurs after death

DICAL EXAMINER:

TO DEPUTY

to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Depart necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1 the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death. 5 may be retained far your files.

4958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14968

	Ype or Print)	Fin		Middle			Last			2a. DATE KNOW OF EST				2b. HOUR
		Caro					ısbau				ED 10-	28-68	19 3	50pm
3. 5	X	4. RACE	S. DATE OF BIR	TH 6.	. AGE (in year	MONTHS	DER 1 YEAR	HOURS	24 HRS.	2c. DATE PRON		V		2d. HOUR
F 70	emale BIRTHPLACE (Stat	White	2-10-19		28 YI	RS.	NEVER MA			Manth 10	28°	68	193:5	Opm M
coun			U S A						1110					
	18.	est Va				IDOWED [DRCED	Pr	ince Ge	orge's			Md.
	or town o			AME OF HOSPITAL O treet oddress) ince Geo				during	most of	CUPATION (Kind f working life, e usewife	ven if retired.)	INDUSTRY		
130.	USUAL RESIDEN Imission) STATE 2 TV Land	CE (Where deced	osed lived, if institution	tion: Residence be George!s	fore 13c. Cl	TY OR TOW	VN 1:	A YES DE CITY		13e. STREET ANI		********		
										3903 3	7th. A	venue		
,4. F	ATHER'S NAME	First Ernes	st Youngb		ost	15. MO		DEN NAME Prinn	e Al	lemeng	Middle		Lost	
		ER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURI	TY NO.	17. INFOR	TAM				ADDRESS			
(Y	es, no, or unknov	vn) (If yes giv	e war or dates of service}	219 36	8011	Ric	hard	S St	raus	baugh	West Hy			
	IB. CAUSE OF	DEATH (Enter o	nly one couse per lir	ne far (a), (b), and	(c).)								PROXIMATE II /EEN ONSET A	
	900	IMMED	IATE CAUSE (a)	lassive r	comfuc	nary	embo]	us, a	acute	9				
	00/	X	DUE TO, OR	AS A CONSEQUENCE	OF Ph.	lebo	thron	bosis	s lov	wer ext	remity	351		
		ny, which gove		rom fract								ov	er 2	mo.
		liate cause (a), iderlying cause	DUE TO, OR	AS A CONSEQUENCE	E OF			Landa Seel and a Seell	- SAAASA					
	last.	touriying coose	(4)									11		
	PART 2 OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTII	NG TO DEATH BUT	NOT DELATE	D TO THE	TEDMINAL I	I DO 32A32I	CONDITIO	N CIVEN IN DAD	1/a)			
_	9040	SIGNII ICANI CON	VIIIONS CONTRIBUTION	NO TO DEATH BOT	NOT KLONIE	D TO THE	I ENMINAL L	VISEASE UK	CONDITIO	IN GIVEN IN PAK	1 1(0)			
CERTIFICATION	19a. DATE OF C	PERATION		19b. CONDITION FO	OR WHICH O	PERATION						20.	AUTOPSY?	?
FICA			reduced	WAS PERFORA	MED?								YES 🛣	NO CT
CEKII	21a. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Manth, Day,	Year	21c. HOW	INJURY O	CURRED (En	nter natur	re of injury in Po	art 1 or Port 2		III LA	
	PR!MARY 0	R CONTRIBUTING	HOUR A.A	W.								110111 1017		
MEDICAL	CAUSE OF DEAT 21d. INJURY OC			8-28-		Fel	lin	back	yar	d of hor				
2			PLACE OF INJURY (A	ar nome, torm, stre g, etc.)	et,			or R.F.D. No.		City or Tov	vn	County		State
	AT WORK		Back var		9	sa	me a	#13					1000	or Gerry
	22a. I	certify that I	toak charge of th	ne remoins desc	ribed abo				Ins	pection X	Inquiry	, and	d in my	apinion
		sulted from:		es Accid			de 🔲,	Homicid	_	t banned?	ined manne			
	ACTUAL	1	016	10			CHI	EF MEDICAL	EXAMINE	R 🗍				
	ACTUAL SIGNATURE	1/2	Ten 100	1/						MINER	22b. DA 1	TE SIGNED		
	EXAMINER'S	///	1				DEF	UTY MEDICA	AL EXAMI	NER 🔀		10-29	7-68	
	NAME (Type)	John K	ehoe MD	Riverda	le. M	ld.	ADI	RESS(Street	, city, to	wn, or county)				
23a.	BURIAL, CREMA	TION, 23b	. DATE	23c. NAME			MATORY		23d.	LOCATION (City	or Tawn)	(Caunty)	(Sto	ate)
	REMOVAL (Spec		et 31, 19	68.Mt Zi	on Ch	ruch	Ceme		Y	ork S	pring (. ,	,	a
24.	FUNERAL DIRECT			AD	DDRESS			2So. REC'	D BY REG	GISTRAR 2	Sb. REGISTRAR	'S SIGNATURE	E	
			F. Gasch	's Sons,	Hyat	tsvil	Lie,	DATE N	JV	1 1968	gelie	arlas (unda	E

VR A15ME (5) 10M REV. 1/68

80041 HOTELS SOM THE ST Prince Greenute A Lawrence Committee of the Committee of water and the control of the control course and ados secured to ever a fill the a minute for state white to entropy med to .bl., daywell Clayfel not like GOOT I WENT THE TOTAL THE PROPERTY OF THE PROP

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14969

1	4	9	5	3
ECEAS	ED-I	NAN	IE.	

	14202		CERTIFICA	ATE OF DEATH			
	ECEASED-NAME First (ype or print)	Albert	St	last urba	Oct. Manth 15,0	oy 1968or	2b. HOUR 3:30P
3. SE		4. RACE	S	. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Male	Caucasian		Oct. 5, 18	92 last birthday) YRS		HOURS MIN.
70. 8 caur	BIRTHPLACE (Stote or foreign http)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	I MEACK INWKKIED XX	on county of DEATH Prince George's	Pro-	Mo
	ity or town of death heverly	11. NAME OF HOSPITAL OR IN give street oddress) Prince Geo.G	STITUTION (If not en 1 Ho:	in haspital 12a. USUA during mo	L OCCUPATION (Kind of work done st. of working life, even if retired.)		S. Co
13a. odm M	USUAL RESIDENCE (Where deceas issian) 1 STATE aryland	lived, if institution: Residence before 13b. COUNTY Prince George's	13c. CITY OR T	OWN 13d. INSIDE CITY LIN		ee Lane	
14. [FATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME FI	THE RESERVE OF THE PARTY OF THE		Lost
	RANIERO			CONSETT	O FILARO		. 7
	(lf yes give w	MED FORCES? var or dates of service) 16b. SOCIAL SECURITY 234 03 24	NO. 17. INF	FORMANT FNIE J. STUI	RBA SAME	AS# 13	
		ly ane cause per line far (a), (b), and (c)).)				NATE INTERVAL NSET AND OEATH
	PART 1. DEATH WAS CAUSED	D BY: ATE CAUSE (0) Gastrointes	tional]	Hemorrhage.			
	534.0				tric ulcers; acu	ite	
	Canditians, if any, which gave	(b)			d hemorrhagic es		S.
-	rise to immediate couse (a), (stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF				1	
	lost.	(c)					
	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT A	NOT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)		77.514
z	5401						
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		RTIFYING
	21a. ACCIDENT WAS UNDERLYIN			V INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2		
MEDICAL	or contributing Cause of DEAT (If either, notify medical exomin		19				
ME	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FA	ACTORY,) 21f. LOC	ATION Street or R.F.D. Na.		County	State
Н	22a. I certify that (I)	ix koepitely attended the deceas	ed fram	, 19	, taOct15, 1	9_68 , thot	(1) (we) los
	saw the deceased a causes stated above	tx koepite); attended the decease live on 0 15 o, (1) (we) (did) (did pot) view the	19.68, and bady after de	that in (my) /gys) apir eath.	nion death occurred an the c	late and haur c	ind fram the
	22b. SI MATUR	Kounsen	mil	ATTENDING WY M	ED. STAFF 220	c. DATE SIGNED	
	22d. PHYSICIAN'S NAME (Type) BARRY	ROSENBERG	-	22e. ADDRESS	ver Road, Chever	1y, Md.2	0785
23a.	BURIAL, CREMATION, 23b. I	DATE 23c. NAME OF	CEMETERY OR C		23d. LOCATION (City or Town)	(County)	(State)
1	REMOVAL (Specify) 10.	-18-1968 GATE	OF HEAD	VEN CEM		RYLAN	D.
24.	V.W. CHAMBER	RS CO RIVERDAL	E, MARY	LAND 250. BECOT	REGISTRAR 1968 25b. REGISTRAR	'S SIGNATURE	ge

Athin 72 hours after deat miled in by the in papers. Poges TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after **TO FUNERAL DIRECTOR:** After this certificote hos been signed by the attending physician and comdirector, page 3 should be detoched for use os the buriol-tronsit permit. Then please removes should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any expensely. Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV. 1/68

(Antroingestioner) | Assertings; | Caretainer

A Anna ; wears of tiple outtine of the series and

. Man a management of the temporal leaders

Allert Storon Oct. 13, 190 Company of Oct. 3, 1802 to

Chevery Prince Sco.San'ishandisi - C.V.A.S. Sarviana Prince Deserge's Joulu 12307 Tirres

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14971

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

County

Stote

2b. HOUR

8:05P

CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH (Type or print) V. Gertrude Sullivan 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lost birthdoy) Female Caucasian 6/19/93 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDXX DIVORCED [Prince George's

120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Cheverly | Give street oddress) | Prince Geo.Gen'l Hospital | 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN | 13c. during most of working life, even if retired.) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE
Maryland Prince George's Greenbelt YES NO 6 Woodland Way 14. FATHER'S NAME MONAGHAN First Middle 1S. MOTHER'S MAIDEN NAME First Lost MARGARET WILLIAM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT MRS HELEN G. PETERSON. Yes, no, or unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NOXXX 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town While Not while of work 220. I certify that (I) this country) of ottended the deceased from occurry, 1962, to Oct. 28, 1968, that (I) (was last saw the deceased alive an Oct 28 1968, and that in (my) tous apinian death occurred on the date and hour and from the couses stated above, (i) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING XXX DIRECTOR DEGREE

O FUNERAL DIRECTOR: After this certificate has been director, page should be filed

22d. PHYSICIAN'S

NAME (Type)

Hans Wodak 23o. BURIAL, CREMATION.

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

Professional Bldg. Greenbelt, Md. 20770 23d. LOCATION (City or Town)

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be executed within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14972

	15000		CI	EKIIFICA	IL OF DEATH						
	ECEASED-NAME First Ype or print) Edgar		Middle J.	Swish	lost er	2a. DATE OI	Manth Doy		2b. HOUR 7:15		
3. SE	Male	4. RACE White			. DATE OF BIRTH January 18,	1905	6. AGE (In years last bighdoy) 6.3 YRS.	MONTHS OAYS	HOURS MIN.		
7o. E	BIRTHPLACE (Stote of foreign htry) Kentucky	7b. CITIZEN OF WHAT C		WIDOWED [ce George':	S	Md		
C	neverly	give street	George's	Gen!l	Hospital	mast of working	(Kind af wark dane life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR		
admi	USUAL RESIDENCE (Where deceosission) STATE Marylan	13b. COUNTY P	C.	Greenb	YES	NO □ 38	REET AND NUMBER East Ridge	e Road			
14. 1	FATHER'S NAME First	Middle ur J. Swish	lost	15. 1	MOTHER'S MAIDEN NAME Sally Rob		Middle		Lost		
16a. Y	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b.	SOCIAL SECURITY NO		ORMANT rgaret K Sw		Address Greenbelt	Ма			
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A (b) DUE TO, OR AS A (c)							16		
NO	PART 2. OTHER SIGNIFICANT COI 465 X						1119	OUCIDEDED III CO	PATENTINA		
CERTIFICATION		CONDITION FOR WHICH C			20a. AUTOPSY? YES XX NO [CAUSE	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes				
EDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEA' (If either, notify medical exami	HOUR A.M. Miner) P.M.	onth Dây Year 19		/ INJURY X CCURRED (En	ter nature of inju	ary in Port 1 or Part 2,	Item 1B.)			
W	While Nat while at wark of work	(OFFIC	OME, FARM, STREET, FACTO CE BUILOING, ETC.		ATION Street or R.F.D. I	Va. City	or Town	Caunty	State		
	22a. I certify that (I) the saw the deceased a causes stoted above	is hospital) attende live an (1) yee (did) (did	ed the deceosed 19 nat) view the b	from and ody after de		pinion deoth	occurred on the da	e, that te and haur o	(I) (we) las and fram the		
	22H SIGNATURE	Mente	and	M. DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED			
	NAME (Type) William	am C. Weint				mal, Bl	dg. Greenbe	elt, Md	•		
23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify) Burial Oc	t 19, 1968			emetery	23d. LOCATI Suit]		(County)	(State)		
24.	FUNERAL DIRECTOR F. G	asch's Son	s Hyattsv	ville.	Md. 2So. REC'D	BY REGISTRAR	25b. REGISTRAR'S				

DATE OCT 21

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicirctor, page 3 should be detached for use as the burial-transit permit. Then plandle be filed with the State Dept. of Health prior to burial, cremation, or removal, VR A15 (4) 30M REV. 1468

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THE RESERVE THE PARTY OF THE PA

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14973 12069 CERTIFICATE OF DEATH

	T 20 0 0 0	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	a. COUNTY PRINCE GEORGE MARYLAND	a. STATE
	h CITY OR TOWN (If outside corporate limits LENGTH OF STAY IN 1h	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
	write RURAL and give neorest fown) CASTILLIA	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d STREET ADDRESS e. IS RESIDENCE
	0- 3 11	ON A FARM?
	TEGENT REST MOME	3235 0 54., 5, E, YES NO
3.	NAME OF PIECEASED // First Middle	Lost 4. DATE Month Day Year
	(Type or print) ITIDERT > IAM	ORRIA DEATH OCT 23 1968
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	MALE WINDOWED DIVORCED	SEPT. 25. 1919 49 vis.
	a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
du	ring most of working life, even if retired) INDUSTRY	WASH D.C. COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	FRANCES C, HGATE NFORMANT Address
	es, no, ar unknown) ((If yes give war ar dates af service)	
	VES WWI 579-10-2612	- HOME KECURAS
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) PONCHO- The	umonta ref Lung 8 days
	340 X DUE TO 40 1/1/	
	Conditions, if ony, which gave) (b) //4/+/6/2 0	Clerosis 10 VRS.
	rise to immediate cause (o), stoting the underlying couse DUE TO	
	last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATION	345 X	PERFORMED?
FIG	200. ACCIDENT WAS UNDERLYING \(\] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
GRTI	OR CONTRIBUTING CAUSE OF DEATH	the house of many in control of them 10.7
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	F OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDICAL		E OF INJURY (Home, form, 20f. (City ar tawn) (Caunty) (State)
×	p.m. 19 atwark atwark	
	21. I certify that (+) (this hospital) attended the deceased fram A	deoth occurred at 65 M, from causes and on the date stated above
	saw the deceosed alive an Oct. 23 1968, and that	deoth occurred at 6.3 p. M, from causes and on the date stated abov
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
н	My okeen M.C	PHYS. DIRECTOR DIPHYS. BUCT. 25,1968
	22c. PHYSICIAN'S	22d. ADDRESS // D/
	NAME (Type) WALTER B. SHEEKM.	D. GYOMAR Spore OFIKE S.E. WASH. D.C. 20028
23	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	REMATORY 23d. LOCATION (City or Tawn) (County) (State)
	REMOVAL (Specify) 10/26/1968 WASH. NA	TIDNAL SUITLAND, MD.
2		A FUESE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1 - 2 There are a second	2003 DATOCT 28 1968 Acharles Judge
~	11/10 0 11 17/11/11	TO TO THE WIND HE COUNTY

1 and 2 urs after death. after death the funeral 24 hours **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completed the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban is should be filed with the State Dept. af Health prior to burial, cremation, ar removal, and in any event, within **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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Control of the second s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14974 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOURPP arted within 24 hours after deoth (Type or print) Month E milia 1968 Gemma Tana 4:45 M Oct. A RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) HOHIRS female. white Nov.30, 1892 completely filled in by 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED papers. country) XXXXXX U.S.A. Italy WIDOWED T DIVORCED Prince Georges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Hyattsville Nursing Home during most of working life, even if retired.) **INDUSTRY** Hyattsville 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Hyattsville YES 2217 Beechwood Rd. P. G. NO pleose remove 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last and in Dominic Barrecho Barrecho The low requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yesaro ar unknown) (If yes give war or dates of service) removal 517350 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) occlusion Caronani cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) nterio sclero tox burial-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the has been prebro vascular 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T of Heolth Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while of work 22a. I certify that (I) (this hospital) attended the deceased from 1,50, 19, ta 0 ct 6, 19,68, that (I) (we) last saw the deceased alive an 19,68, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (Caunty) (State) Ma 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE OCT 8434 Georgia Avenue 30M REV. 1/68 Inc.

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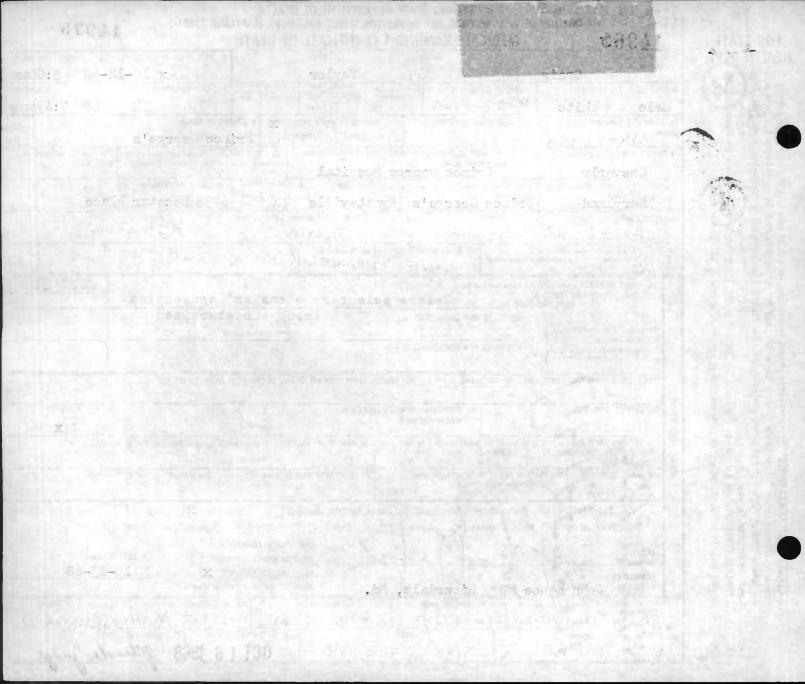
5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart

O DEPUTY DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY VR A15ME (5) 10M REV. 1/68

11	1-13-68°	AMDIVISION AME	OF VITAL RE	CORDS, 301	W. PRESTO	ON STREE	T, BALTI	MORE, N	MARYL	AND 21201		149	75	
	14965		MEDIC	AL EXAMI	NER'S	CERTIFI	CATE	OF DE	HTA			147	4 17	
1.	DECEASED-NAME	First		^ Middle			Lost			20. DATE KNOWN	Month	Day	Yeor	2b. HOUR
	(Type or Print)	Craig	APPEND.	ALLE	A	Tay	lor			OF ESTI- DEATH MATED	10-1	12-68	19 5	00an
3.	SEX	4. RACE	5. DATE OF BIR		6. AGE (In years		ER I YEAR	IF UNDER 2		2c. DATE PRONOU	NCED DEAD			2d. HOUF
	Male	White	9-27.	-1968	last birthday)	MONTHS SS.	DAYS 14	HOURS	MIN.	Mogita	12	68	19 7:	5am
	BIRTHPLACE (Stote	or foreign 7b	CITIZEN OF WH	AT COUNTRY?		ARRIED [NEVER MAR	RIED 🔀	9. COU	INTY OF DEATH	00000			
co	Intry) MAR	LIAHN		1,5	WI	DOWED [DIVOR	CED 🔲	Pr:	ince Geor	ge 's			N
10.	CITY OR TOWN OF	DEATH		AME OF HOSPITAL	OR INSTITUTION	ON (If not i	n hospitol		UAL OC	CUPATION (Kind o	work done		D OF BUSI	NESS OR
9	Cheve	rlv	give s	rince Ge	orge H	lospit	al	during	most o	f working life, eve	n if refired.)	INDUSTR)	1	
13	. USUAL RESIDENC	E (Where deceosed	lived, if institu	tion: Residence b	efore 13c. Cl	TY OR TOW	13d.	INSIDE CITY EI	MITS?	13e. STREET AND	NUMBER			
2	odmission) STATE	and	Prince	George!	s Hya	ttsvi	lle	YES NO	0 🔲	6938 Dec	atur 1	Place		
14.	FATHER'S NAME	First	Middle		Lost		HER'S MAID		First	14	Middle 0 US	TON	Lost	
16		R IN U.S. ARMED FO	RCES? r or dates of service)	16b. SOCIAL SECUE		17. INFORM	MANT LESU	1. TAY	LOR	SAA	OBER AS	#1	3	
	1	DEATH (Enter only	one couse ner li							1970 0000	A1772.	AF	PPROXIMATE WEEN ONSET	INTERVAL
1		ATH WAS CAUSED E	BY:	Seve	re pu	lmona	arv e	dema	an	d conges	stion	BEIA	VEEN UNSEI	AND DEATH
	5191	IMMEDIATE		AS A CONSEQUEN			Etiol	Ogy	und	etermine	d	- 3		
		ny, which gove	(b)	SDII				00				315		
	rise to immedi	ote couse (o),		AS A CONSEQUEN	CE OF			20.00	-		20075		100	
	last.)	(e)											
1	PART 2. OTHER S	IGNIFICANT CONDITI	ONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATE	D TO THE TI	RMINAL DI	SEASE OR CO	ONDITIO	ON GIVEN IN PART	(0)			
-	773	0												
CFRTIFICATION	190. DATE OF O	PERATION	31 300	19b. CONDITION F		PERATION		V - 3	10		3000	20.	AUTOPSY	?
FEC				WAS PERFOR	RMED?								YES 🖹	NO 🗌
MFDICAL CFR	210. EXTERNAL C PRIMARY OF CAUSE OF DEATH	CONTRIBUTING	21b. TIME OF HOUR A.		y, Yeor 19	21c. HOW	INJURY OCC	URRED (Ent	er notu	re of injury in Port	1 or Port 2,	Item 18.)		
MFD	2101 11101111 000	URRED 21e. PL	ACE OF INJURY (At home, form, str	reet,	21f. LOCAT	ON Street o	r R.F.D. No.		City or Town		County	/	Stole
L	WHILE NO	T WHILE focto	ry, office buildin	g, etc.)	2664						5.00			
E	22a. 1 c	certify that I tac	k charge of t	he remains des	cribed aba	ve, held o	in Autop	sy 🗍,	Ins	spection X,	Inquiry [], an	nd in m	y apiniar
	death res	sulted fram:	Natural cous	ses 🔀 , / Acc	iden .	Suicid	e 🔲,	Hamicide	е 🔲	Undetermin	ed manner			
		/	2/	TO	17	1	CHIE	MEDICAL E	EXAMIN	ER 🗍		200		
	ACTUAL SIGNATURE	1	Allas	1	1-1	1		TANT MEDI			22b. DAT	ESIGNED		
	EXAMINER'S	1	4 40 1		1.			TY MEDICAL	L EXAMI	INER 🔀	1	0-13-	-68	
1	NAME (Type)	John Keh	oe MD	Riverda	le, M	d.		RESS(Street,	city, to	wn, or county)				
23	o. BURIAL, CREMAT	ION, 236. D	ATE	23c. NAM	E OF CEMETE	RY OR CREA			23d.	LOCATION (City or	Town)	(County)	(5	tole)
	PREMOVAL SPEC	10N 10-	-15-19			ICOLA	1 6	EM	0	OLMAR.	MAHO	RM	ARYL	AND
2	. FUNERAL DIRECTO)R	200	0	ADDRESS	- 6		2So. REC'D	BY RE		. REGISTRAR'S			
	W.W.C	JAMBE.	RS Co.	KIVER	LACS	E, N	D	DATE ()	CT:	1 6 1968	och	anla	Care	las



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OR STATE 14968 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

F	OF	2 5	T	AT	E	
HE.	AL	TH	1	E	PT.	
ith any delay is	ages 1, 2, and 3 ta	h farm PM3. Page	(ate Troat ment of	1	1
24 haurs after dec	in New 18. Give P.	e Office along wit		es I and 2 with the S	urs after death.	4
This certificate shauld be executed within	icate, writing the ward "pending" in penci	be forwarded to the Chief Medical Examine		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State Transit ment of	Health priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.	
TO DEPUTY DICAL EXAMINER:	necessary, please execute the certif	the funeral directar. Page 4 shauld	5 may be retained far yaur files.	TO FUNERAL DIRECTOR: Page 3 shoul	Health priar to burial, crematian,	

1496		MEDIC	AL EXAM		CERTIF	CATE	OF DE	ATH		149	76	
1. DECEASED-NAME (Type or Print)	First		Midd	dle		Lost			20. DATE KNOWN Mon	nth Doy	Yeor	2b. HOU
(Type of Timi)	Howar	d	James		Thor				DEATH MATED 10	-11-6	8 192:	25pm
3. SEX	4. RACE	S. DATE OF BIR	RTH	6. AGE (In year		ER 1 YEAR DAYS	IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD)		2d. HOUI
Male	White	4-20-1	919		RS.	DATS	nouks	Milit	Month Day	68	19 2:	LOpm!
70. BIRTHPLACE (Sto	ote or foreign 7b	. CITIZEN OF WH	AT COUNTRY?	8.	MARRIED 🔀	NEVER MAR	RIED	9. COU	INTY OF DEATH	A.		
country)	1.5	USA		W	IDOWED [DIVO	RCED 🔲	Pr	ince George's			N
10. CITY OR TOWN	DF DEATH		AME OF HOSPITA	L OR INSTITUTI	ION (If not i	n hospitol	12o. U	SUAL OC	CUPATION (Kind of work dor	ne 12b. KI	IND OF BUS	INESS OR
Cheve	rlv	give	street oddress) ince Ge	orge H	osoita	a.]	during	most of	f working life, even if retired	elf en	anlov	ed
130. USUAL RESIDE	NCE (Where deceosed	lived, if institu	ition: Residence	before 13c. C	ITY OR TOW	N 13d	I. INSIDE CITY I	LIMITS?	13e. STREET AND NUMBER			
odmission) TA	nd P	rince G	eorge 's	Lando	ver	1 8	YES 🔀 N	10 🗆	6726 Eldridg	e Str	eet	
14. FATHER'S NAME	First	Middle		Lost		HER'S MAIL	DEN NAME	First	Middle		los	1
	Lester	Thomas			H	lenri	etta					
	VER IN U.S. ARMED FO		16b. SOCIAL SEC	URITY NO.	17. INFOR				ADDRESS			
(Yes, no, or unkno	(If yes give wo	r or dates of service)	457 05	0528	Jan	et A	Thoma	as	Landover,	Md.		
	F DEATH (Enter only		ne for (o), (b),	ond (c).)						B	APPROXIMATE ETWEEN ONSET	
PART I.	DEATH WAS CAUSED	BY: E CAUSE (0) H	eart, fa	ilure							inute	
41	29				terio	ralos	otic	hes	rt disease		ver 2	
	ony, which gove	(b)			OCTIO	301.01	0010	1100,	TO GIBOGBO		VOI X	910
rise to imme	diote couse (o), (inderlying couse	DUE TO, OR	AS A CONSEQUE	ENCE OF								-
lost.	*	(4)										
PART 2. OTHER	SIGNIFICANT CONDITI	IONS CONTRIBUT	ING TO DEATH B	UT NOT RELATE	ED TO THE TI	ERMINAL DI	SEASE OR (CONDITIO	N GIVEN IN PART 1(o)			
4200												
190. DATE OF 210. EXTERNAL	OPERATION		19b. CONDITION		OPERATION				1792	2	O. AUTOPSY	13
5			WAS PERF	ORMED?							YES 🗀	NO 🕞
			INJURY Month, D	оу, Үеог	21c. HOW	INJURY OC	CURRED (En	nter notu	re of injury in Port 1 or Port	2, Item 1B.)		
FRIMARY -	OR CONTRIBUTING	HOUR A.		19	550		Pag.					
CAUSE OF DEA		ACE OF INJURY (21f. LOCATI	ON Street o	r R.F.D. No.		City or Town	Coun	nty	Stote
WHILE AT WORK		ory, office buildin						35%			,	31010
		ak charge of t	ho romoine d	occribed abo	ove held a	n Auto	2011	lac	spection x, Inquiry		and in m	u onini o
	esulted framil	Natural caus		cident .		e ,					ona in m	ny opinior
dedili	esolied irdin.	Nation too.	TA T	ocideiii []	, Surcia					iei		
ACTUAL	1h	1/1	1	1			F MEDICAL			ATE SIGNED		
SIGNATURE.	4//	4/	· ·	1		V1.62.	STANT MEDICA JTY MEDICA		THE CONTRACTOR OF THE CONTRACT			
EXAMINER'S NAME (Type	Value Val	20 100	Discoura	07- 1/	a				wn, or county)	10-11	<u>-08</u>	
23a. BURIAL, CREM		oe MD		ale, Ma						16 avent	.) /c	
REMOVAL (Spe	(1)	14/68		Lincol					LOCATION (City or Town)			d.
24. FUNERAL DIREC		14/00		ADDRESS			2So. REC'I					
I TOTAL DIRECT	F. Gasch	1's Sons	Hyatta		Md.					AK 3 SIGNATO		

VR A15ME (5) TOM REV. 1/48

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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					CEKIIFIC	AIE OF DEAL	п		-4.	101	
	ECEASED-NAME Type or print)	First		Middle		Lost	20. [DATE OF DEATH	Day	Voce	2b. HOUR
		Will		Henry		homas		October	28,	1968	100 M
3. SE	X		4. RACE			5. DATE OF BIRTH		6. AGE (In year		UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Negro			11-6-72		last birthdoy	YRS.	Mility SAIS	I IIIII
70. I	BIRTHPLACE (Stote or		b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED [NEVER MARRIED		NTY OF DEATH			
	Maryla		U.S.A.		WIDOWED &			ince Georg			Md.
	city or town of DI iverdale	ATH	11. NAI give st Eug	ME OF HOSPITAL OR INS reet oddress) ene Leland	d Memor	rial Hospitol	USUAL OCCU	PATION (Kind of work vorking life even if cet t Office W	done ired.) Orker	12b. KIND OF INDUSTRY	BUSINESS OR
	· · · · CTATE		lived, if institution	n: Residence before	13c. CITY OR	TOWN 13d. INSIDE		13e. STREET AND NUME	3ER		
Julii	ission) STATE Md		P.	ringe Geor	ges Br	rentwood ^{ES}	NO 🗌	3911 Wall	ace P	d.	
14.	FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAIDEN NAM	ME First	Mic	ddle		Lost
		Harry		Thomas		Hannah Ba	rns			Let !	
	. WAS DECEASED EVE (es, no, or unknown)		D FORCES? or dates of service)	16b. SOCIAL SECURITY I	NO. 17. II	IFORMANT		Add	lress		
	25, 110, 01 0111110 11117		,			Medical R	Record				
	PART I. DEATH Gonditions, if ony, rise to immediate	I WAS CAUSED IMMEDIATI which gove	BY: E CAUSE (o)	a for (o), (b), ond (c). A CONSEQUENCE OF	Jewi Jewi	mia	tru	Soler	ose		IMATE INTERVAL ONSET AND DEATH CLEAN
	stating the under		DUE TO, OR AS	A CONSEQUENCE OF	_						
2	PART 2. OTHER SIG	INIFICANT COND	ITIONS CONTRIBUT	NG TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	ORCONDITIO	ON GIVEN IN PART 1(o)			
CERTIFICATION	190. DATE OF OPERA	TION 19b. CO	ONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20o. AUTOPSY? YES NO		20b. IF YES, WERE FIND CAUSES OF DEATH?	OINGS CONS	IDERED IN C	ERTIFYING
MEDICAL CER	21o. ACCIDENT WA ☐ OR CONTRIBUTING [(If either, notify m	CAUSE OF DEATH	HOUR A.M. P.M.	Month Doy Year	,	W INJURY OCCURRED (of injury in Port I or I	Port 2, Item	n 18.)	Photo:
W	21d. INJURY OCCUI While Not whi at work ot work					CATION Street or R.F.D	/	City or Town		County	Stote
	22a. I certify to saw the co causes sto	that (I) (this leceased ali- ated abave,	hospital) atte ve an(l) (we) (did) (nded the decease laid not) view the	ed from 9 960, and bady after d	that-in (my) (aur) eath.	19 <u>68</u> , apinian d	ta <u>BCF 29</u> leath accurred an t	, 19 <u>_6</u> ; the date	end haur	(I) (we) last and fram the
H.	22b. SIGNATURE	W	Mal	MM	DEGR	11115:	MED. DIRECTOR	STAFF PHYS.	22c. DATI	E SIGNED 28-6	18.
	22d. PHYSICIAN'S NAME (Type)	L. W. 1	Malin, M	. D.		22e. ADDRESS 4400 Que		ry Road, R		ale,	Md.20840
	BURIAL, CREMATION REMOVAL (Specify) Buri	al 11	1-1-68	23c. NAME OF Shiloh		ist Ch. Cer	meter	LOCATION (City or Town	. Mar	(County)	(Stote)
24.	3015 12t	Rhines h Stree	Compkany t, N. E.	FILE	Home	2So. REC	C'D BY REGIS	STRAR 2Sb. REGIS	STRAR'S SIG	MATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 23 has after death. VR A15 (4) 30M REV. 1/68

ate be executed within 24 hours after deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certify

Poge 4 may be retained by the hospital or attending physicion.

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha	'age 4 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in	bd	9
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81-253 30M REV.

1. D	ECEASED-NAME ANT	HO NYst	BABA/ WA	YNE Middle		last Thomps o	on	2a. DATE C	Month 16	1968 ^{Yeor}	2b. HOUR 3:30P
3. SI	EX		4. RACE	37.00		5. DATE OF B			6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Male		Cauca	sian		Sept	. 22,	1968	yRS.	24	HOURS MIN
7a.	BIRTHPLACE (Stote or fo	oreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	☐ NEVER MAI	RRIED	9. COUNTY O	F DEATH		2,1431
M.	aryland		U.S.	Α.	WIDOWED	☐ DIVO	RCED T	Princ	e George's		M
	CITY OR TOWN OF DEAT heverly	H	gives	AME OF HOSPITAL OR INS treet oddress) nce Geo.Ge			during fit		N (Kind af wark dane g life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
3a.	USUAL RESIDENCE (Whissian) STATE	ere decease	d lived, if institut	ian: Residence before George's	13c. CITY O	R TOWN	13d. INSH OL CITY I		TREET AND NUMBER 41 Terrace	Drive	
		irst	Middle	Last	-	5. MOTHER'S M	AIDEN NAME I		Middle		Last
	10.7	Sidn	ey	Thompason				Nancy	Lee	Norwood	
	: WAS DECEASED EVER I (e) (o), or unknown)		ED FORCES? or ar dates of service)	16b. SOCIAL SECURITY NONE		INFORMANT Sidney	C. Tho	mpson,	Same as #1	3 (Fath	er)
MEDICAL CERTIFICATION	PART I. DEATH V 75 Conditions, if ony, white to immediate control to the control	VAS CAUSED IMMEDIA: hich gove ouse (o), ng cause FICANT CONI UNDERLYING LAUSE OF DEATH ical exominical exomini	BY: TE CAUSE (o) DUE TO, OR A (b) COULTO, OR A (c) COULTIONS CONTRIBU CONDITION FOR WH CONDITION FOR WH	IS A CONSEQUENCE OF Congenital IS A CONSEQUENCE OF COngenital TING TO DEATH BUT NO	a re Atres Gastr OT RELATED T	courren cia of coschis o THE TERMINA 200. AUTO YES	is. L DISEASE OR DPSY? X NO CURRED (Ente	CONDITION GIV	Jejunum Foration of Inal obstru EN IN PART I(a) IF YES, WERE FINDINGS (ES OF DEATH? Yeury in Port 1 or Port 2,	BETWEEN O	IMATE INTERVAL ONSET AND DEATH ERTIFYING Stote
230.	ot work ot work 22a. I certify the saw the dec causes state 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify)	Ricar 23b. D	edo Longo	ended the decease 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	DEG	REE PHYS. 22e. ADI	DRESS 60	MED. DIRECTOR 01 Lance 1 23d, LOCAT	ct. 16, 19 accurred an the do STAFF PHYS. dover Road,	DATE SIGNED Chever	
24.	FUNERAL DIRECTOR W. 308 Suitla:	ilheli	n Funera	I Homeaddress and, Maryl					68 25b. REGISTRARY	# 11 4	9"

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Indreson 1984, 1964 Concesion Sept. 22, 1988 Prince Ceores a Prince Co. Com'l Respital tar Lond 2 1 Prince George's Subsland

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MARYLAND STATE DEPARTMENT OF HEALTH

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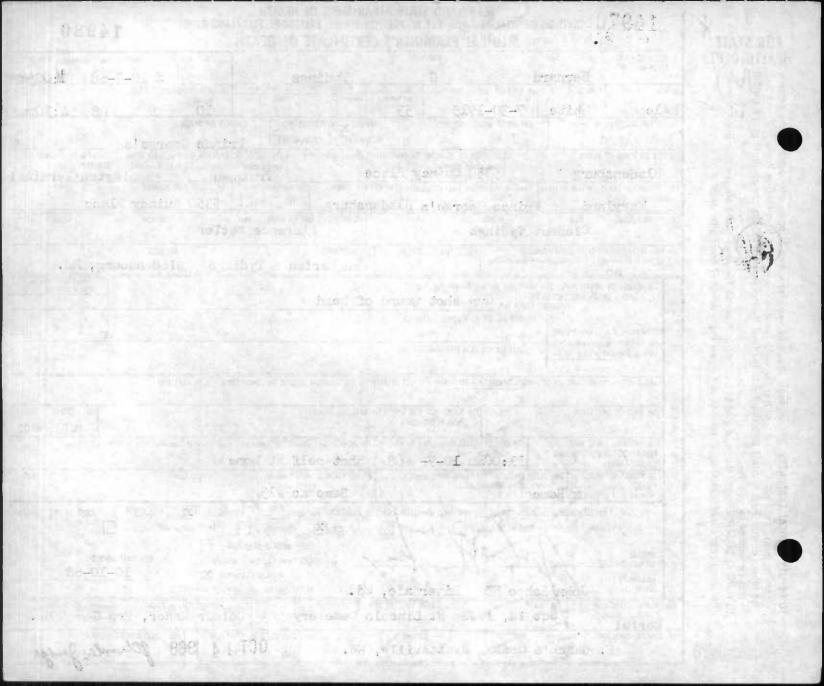
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department 0 Health priar ta burial, crematian, or remaval, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the ward "pending" in perceit in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiners Office along with farm PM3, Pages 5, may be retained for ware file. 5 may be retained for your files. TO DEPUTY VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH 14970 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items#7a, b FilmG40MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	4	9	8	0	
-	-0	-	-		

	1. DECEASED-NAME	Firs		Middle		Lost			onth Doy	Yeor	2b. HOUR
1	(Type or Print)	Berna	rd	G	T.	vdings	- 114	OF ESTI- DEATH MATED X 1	29-6	S 19	DOMAN
I	3. SEX	4. RACE	S. DATE OF BIE		n years IF UNI	ER I YEAR IF UNDER		2c. DATE PRONOUNCED DEA	D		2d. HOUR
1	Male	White	7-30-	1915 lost bir	thday) MONTHS YRS.	DAYS HOURS	MIN.	Month Doy	61	Yeor 19 1.	BOom M
t	7a. BIRTHPLACE (Stot		7b. CITIZEN OF WE	IAT COUNTRY? B.		NEVER MARRIED	9. COU	NTY OF DEATH	0,0	3 17 71.	. DOOIL
1	countrylan	d	USA		WIDOWED				1-		- Md.
	10. CITY OR TOWN O		11. N	AME OF HOSPITAL OR INST	ITUTION (If not i	n hospital 120.	USUAL OCC	cince George	one 12b.	KIND OF BU	
	Bladens		53	50 Quincy P.	lace	durin	rain	working life, even if retire	ed.) INDU	ISTRY	rminal
			12k COUNTY	ution: Residence before 1				13e. STREET AND NUMBER			
	odmission) STAT Mary	and	Prince	George's Bl	adensbu	cg yes	NO 🗌	5350 Quincy	y Pla	ce	
	14. FATHER'S NAME	First Cleme	Middle nt Tydin		1S. MO'	Florence Plane		Middle		Lo	st
1	160. WAS DECEASED E			16b. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS			177
1	(Yes, no, or unknown	, , , ,	war or dates of service)		Mrs	Marian E	Tydi	ngs Bladen	sburg	, Md.	
1			ly one couse per l	ine for (o), (b), ond (c).)						APPROXIMAT BETWEEN ONSE	
1		DEATH WAS CAUSE	D BY: G	un shot wou	nd of he	ead				BETWEEN ONSE	I AND DEATH
1	95	5 X IMPILUI		AS A CONSEQUENCE OF				A PERSONAL PROPERTY.		3-4	77.5
1		ony, which gove) "	The At Consequence of							
1		diote couse (o), nderlying couse	(b) DUE TO, OR	AS A CONSEQUENCE OF				747750 100		V- 13	30 100
1	lost.	nderrying toose	(4)								
1	PART 2. OTHER	SIGNIFICANT COND	OITIONS CONTRIBUT	ING TO DEATH BUT NOT R	ELATED TO THE T	ERMINAL DISEASE OR	CONDITION	V GIVEN IN PART 1(o)			
1	976x										
	190. DATE OF C	OPERATION		19b. CONDITION FOR WH	ICH OPERATION	1-15-11-11-1				20. AUTOPS	Sy?
)	IIFIC			WAS PERFORMED?						YES [NO 🔀
	210. EXTERNAL		21b. TIME OF	INJURY Month, Doy, Yeor	21c. HOW	INJURY OCCURRED (E	nter noture	e of injury in Port 1 or Por	t 2, Item 1	3.)	
1	PRIMARY CO	OR CONTRIBUTING	III OG	M. 20-9-196	8 Sho	t self at					
1	21d. INJURY O	CHRRED 21e	PLACE OF INTERV /	At home form street		ION Street or R.F.D. No	0.	City or Town	Co	unty	Stote
ı	WHILE AT WORK	AT WORK TO HO	octory, office building	ig, etc.)	S	ame as #1	3				
1				he remains described				pectian 🕱, Inquiry	v \Box	and in r	ny apinian
1			Natural cay	1	+	e 🔀, Hamici		Undetermined man		una m n	ny apinian
1	dedili il	ssorred right.	7	Accident	/	<u> </u>	,		mei		
1	ACTUAL	/	John	HV-		CHIEF MEDICAL ASSISTANT MED			DATE SIGNI	FD	
1	SIGNATURE_	V.	16	1100	7	M.D. ASSISTANT MEDIC		AIIIIVEK	10-1		
1	NAME (Type)	John	Kehoe MD	Riverdal	Md.	ADDRESS(Stree					
-	23o. BURIAL, CREMA		DATE PLD	23c. NAME OF CE				LOCATION (City or Town)	(Cou	ntv) (Stote)
	REMOVAL (Spe	city) /O	ct 12, 1	968 Ft Lin	coln Cer	netery	Co	lmar Manor,	Pro	Geo	Md.
1	Burial 24. FUNERAL DIRECT	TOR		ADDRESS		2So. REC	D BY_REG	ISTRAR 25b. REGISTE	RAR'S SIGN/	ATURE	
			's Sons	Hyattsvil	le, Md.	DATE	OCT			les Ju	dat
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an and completely filled in the tendore carbon paper and many event, within 2 h

after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican director, page 3 shauld be detached far use as the burial-transit permit. Then pless shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and

VR A15 (A) 30M REV. 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CERTIFICATE OF DEATH			
1. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH		2b. HOUR
(Type or print)	Hazel I.	TYLER	10- Month 29	68	4:15
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years		IF UNDER 24 HRS.
Female	White	7-1-98	last birthdoy)	MONTHS OAYS	HOURS MIN.
7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
country) Md.	US	WIDOWED DIVORCED	Prince George	S	Mo
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		SUAL OCCUPATION (Kind of work done	12b. KIND OF BI	USINESS OR
Riverdale, Mo	give street oddress) Mem	norial Hosp. during	most of working life, even if retired.)	INDUSTRY	6 ME
13o. USUAL RESIDENCE (Where deceo- odmission) STATE	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d INSIDE CIT			-11
odmission) STATE Md	sed lived, it institution: Residence before	Laurel	NO Rt #5		
14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle		Lost
- Liliam	W Wastler	Helen W	ills		
16o. WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give to	MED FORCES? 16b. SOCIAL SECURITY N	1	Address		
165, 10, 01 Olikilowil)		EDNA PU	NCKE LAURE		
18. CAUSE OF DEATH (Enter or	nly one couse per ine for (o), (b), and (c).))	16. 4=		ATE INTERVAL SET AND DEATH
PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	trains Warellunes	relied Whenther	~	
4109	DUE TO, OR AS A CONSEQUENCE OF	COCCA TO SEE MARKET	3.4		
Conditions, if ony, which gove					
rise to immediate couse (o),	(b)				
stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				
_	NDITIONS CONTRIBUTING TO DEATH BUT NO	OV DOLATED TO THE YEARING DISEASE O	AD CONDITION CHICK IN DADE 1/ 1		
PART Z. OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING TO DEATH BUT NO	OF KELATED TO THE TERMINAL DISEASE O	OKCONDITION GIVEN IN PART 1(0)		
190. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS O	UNSIDEDED IN CED	TIEVING
1%. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	YES NO	CAUSES OF DEATHS	ONSIDERED IN CER	HITTING
210. ACCIDENT WAS UNDERLYII	NG 21b. TIME OF INJURY		nter noture of injury in Port 1 or Port 2.	Itom 10 \	
	TH HOUR A.M. Month Doy Yeor	ZIC. HOW INJURT OCCURRED (EF	men motore of injury in Port 1 of Port 2,	110111 10.)	
OR CONTRIBUTING CAUSE OF DEA			M. CA. T	Count	CA-Ar
₹ 21d. INJURY OCCURRED 21e While Not while	. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D.	No. City or Town	County	Stote
at work of work	<i></i>	1Gun	10.65		40.4
220. I certify that (I) (th	nis hospital) ottended the deceose	ed from, 19	, tolker 25, 19_	_63, that ((I) (we) los
sow the deceased of	e, (I) (we) (did) (did not) view the b	hody after death	opinion deoth occurred on the ac	ite ond nour of	na trom the
22b. SGNATURE	e, (i) (we) (aid) (aid fior) view fire t	body diret deom.	220	DATE SIGNED	
1 1	1000	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	25/12	
22d. PHYSICIAN'S	my received	22e. DDRESS	DIRECTOR PHIS.	32 40	->
NAME (Type) ROBE	RT C. WINGE		how while to		
		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(Stote)
REMOVAL (Specify)	er in.		YELLOW SPR	(county)	As i
24. FUNERAL DIRECTOR	ADDRESS	131-1	D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE	11)
24. I GHERAL DIRECTOR	100 0 1 POOKESS		T 2 8 1968 00/40	alla Ocad	100

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executed within 24 haurs ofter death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be,

Poge 4 moy be retained by the hospital or ottending physician.

and completely filled in by the funerol

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14972	211101011	VITAL RECORDS, 301 CER	TIFICATE OF			149	182
1. DECEASED-NAME (Type or print)	First	Middle	Last	20.	DATE OF DEATH Month	Day Yan	2b. HOUR
(Type of Pilili)	Annie		Wade		Oct.	. Day 13 68	12,55A
3. SEX	4. RACE		S. DATE OF B	IRTH	6. AGE (In ye	ars IF UNDER 1 YEA	AR IF UNDER 24 HRS.
Female	White		14 1	Nov., 190	4 last birthday	YRS. MONTHS DA	AYS HOURS MIN.
a. BIRTHPLACE (State or fo		AT COUNTRY? 8. M	ARRIED K NEVER MAR		UNTY OF DEATH		
England	U.S.				Pr. Geo.,		Md
10. CITY OR TOWN OF DEATI		ME OF HOSPITAL OR INSTITUTI			CUPATION (Kind of work	dane 12b, KINE	O OF BUSINESS OR
	give st	treet oddress)		during mast af	warking life, even if re	tired.) INDUSTR	Υ
Cheverly	ere deceosed lived, if institution	Geo. Gen.	CITY OF TOWN	13d. INSIDE CITY LIMITS?	Sewife 13e. STREET AND NUM		home
odmission) STATE	13b. COUNTY			YES NO			
Mary 14. FATHER'S NAME FIR		Geo. G	reenbelt	AIDEN NAME First		Ridge Rd.	Loat
4. FATHER 5 NAME FIR			IS. MUIHER S M	AIDEN NAME FIRST	MI	agie	Lost
Andre		inchliffe	17. INFORMANT	Any			Rhodes
	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.		e Wade	Same a	fress	
No		119 26 3976	"2222	- maac	Dune u		PROXIMATE INTERVAL
18. CAUSE OF DEATH	(Enter only one cause per line	e for (a), (b), and (c).)	111	11.	1	BETWI	EEN ONSET AND DEATH
PART I. DEATH W	IMMEDIATE CAUSE (a)	everyal	Weta:	static	heziny	3	dAyr
174X		S A CONSEQUENCE OF		1 . 1	1 1		
Canditions, if any, wh	ich gove) (h)	Heno ca	remome	of Rt	- break		gear
rise to immediate co		S A CONSEQUENCE OF				0	
last.	(c)						
PART 2. OTHER SIGNIF	ICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE OR CONDIT	TION GIVEN IN PART 1(o)		
= 170x							
19a. DATE OF OPERATIO	N 19b. CONDITION FOR WHI	CH OPERATION WAS PERFORN	AED 20g. AUTO	PSY?	20b. IF YES, WERE FIN	DINGS CONSIDERED I	N CERTIFYING
5	A 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YES	NO FZ	CAUSES OF DEATH?		
210. ACCIDENT WAS U	JNDERLYING 216, TIME OF	INILIRY			re af injury in Part 1 ar	Port 2 Item 181	
	AUSE OF DEATH HOUR A.M.	Manth Day Year	Zic. How insort oc	CORRED (EMICI HOLO	io ai mjory in rair r ai	1011 2, 110111 10.,	
OR CONTRIBUTING CITY (If either, notify median 21d. INJURY OCCURRE		19	DIE LOCATION CAN	A DED No	City or Town	County	State
While Not while	7 216. PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.	211. LUCATION Street	et af K.F.D. No.	City or Town	County	State
at work ot work			C 244	10/	1 1 2 2 1 2	10/ (-	
22a. I certify tha	t (I) (this haspital) atte	ded the deceased tr	om and that in (m	- , 196-f	, 10 0 CA 15		hat (I) (we) las
saw the dec	t (1) (this haspital) atte eased alive an d abave (1) (we) (did)	did not) view the hody	after death	iy) (aur) apinion	deam accurred an	ine date and no	or and traill the
22b. SIGNATURE	d dodle of the (day)	did not your me body	differ dediff.			22c. DATE SIGNED)
1711,11	Vent (11.	lo. to wal Wa	DEGREE PHYS.	NG MED.	OR STAFF	2241 01112 0101120	
22d. PHYSICIANS	service (1)	ensmy pr	22e. ADI		OK — FIII3, —		
NAME (Type)	William C. We	intraub	Gre	eenbelt Pr	rofsnlBg Gr	eenbelt N	id.
DIDIAL COSMATICAL	23b. DATE	23c. NAME OF CEMET	EDV OD CREMATORY	1 00 1	I. LOCATION (City or Tow	rn) (County)	(Stote)
23o. BURIAL, CREMATION, REMOVAL (Specify)						, , , , , , , , , , , , , , , , , , , ,	, , ,
	10/16/68		oln Cemete	2Sa. REC'D BY REG	Colmar Mano	T Pro. GE	eo. Md.
24. FUNERAL DIRECTOR F. Gasch	's Sons Hyatt	sville, Mary	land	OCT			0
		, , , , ,		DATE UUI	1 6 1968	Charles	Medical

TO FUNERAL DIRECTOR: After this certificote hos been signed by the attending physician and completely filled in director, page 3 should be detached for use os the buriol-tronsit permit. Then please banave corbon papers should be filed with the State Dept. of Heolth prior to buriol, cremotion, or removol, and in any event, within 77th VR A15 (4) 30M REV. 1V68 151, 21 8, E1 ... 151 .001 .. vol .1. Travelle (1991) and the second of the second the same and the same of the s The state of the s the series and a series of the Constitution of Talantees | Company of Company of Contract of Cont Addit : dayloyd to the control control control of the control of t Section 1 100 and the land of the land of

	1. DEC	na as printl	rst mes	Middle		lost Waiters		E OF DEATH Month	0.00	4983 2b. HOUR
	3. SEX		4. RACE	gro		DATE OF BIRTH 1/22/1923		6. AGE (In ye	eors . IF UNDER 1	8 5:50 YEAR IF UNDER 24 HRS. DAYS HOURS MIN
	7o. Bl count	RTHPLACE (Stote or foreign	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		of DEATH		M
3	10. CI	TY OR TOWN OF DEATH Glenn Dale	11. N gi y	AME OF HOSPITAL OR IN Treet oddress)	STITUTION (If not in the Hospita	durin	ISUAL OCCUPA	TION (Kind of work king life, even if re	k done 12b. Ki	IND OF BUSINESS OR TRY nknown
		JSUAL RESIDENCE (Where dec sion) STATE	eased lived, if institu 18b. COUNTY	tion: Residence before	13c. CITY OR TO	WN 13d. INSIDE C		e. STREET AND NUM 644 Colu	NBER	., N. W.
3	14. FA	ATHER'S NAME First	Middle	Lost	15. A	OTHER'S MAIDEN NAM		Mi	iddle	Lost
	160. Ye	WAS DECEASED EVER IN U.S. a is, no, or unknown) (If yes gi	ARMED FORCES? ve war or dates of service)	16b. SOCIAL SECURITY		ORMANT C.General	Hospit		dress	
		Conditions, if ony, which gorrise to immediate couse (costoting the underlying coulost. / J PART 2. OTHER SIGNIFICANT TARCTION, OL	DUE TO, OR (c) CONDITIONS CONTRIBUTE (c) CONTRIBUTE (c)	AS A CONSEQUENCE OF	voi relaien 10 1 Negra al	20o. AUTOPSY?	20	CIVEN IN PARTICULAR TO THE PER PER PER PER PER PER PER PER PER PE	NDINGS CONSIDERE	
		210. ACCIDENT WAS UNDERL	DEATH HOUR A.M.	Month Doy Yeo	r	INJURY OCCURRED (Simological Control of the Control o		
	X	(If either, notify medicol exc 21d. INJURY OCCURRED 2 While Not while of work	ominer) P.M. 11e. PLACE OF INJURY		ACTORY,) 21f. LOCA	TION Street or R.F.D		City or Town	County 7/19 68	that Hr (we) la
		22a. I certify that the saw the deceased	alive an1	0/27/	19.68 , and 1	hat in fact) (aur)	apinian dec	ath accurred an	the date and	haur and fram th
		22a. I certify that	alive an 1 ove, the (we) (did)	0/27/	19.68 , and 1	hat in (aur) (aur) oth. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGN 10/27/	NED

2 1/ 3/1 017:1 e second lead to the contract of the Contract of Cleme ale Cleme Erle Coroitel Linking of in the ... in strington and the strington in the strington in the strington and the strington in the stringt - ni oranit Takanana T Manager Land Land Land Bacone 7.27/1 (8 1.727) (1.727) (1.727) (1.727) (1.727) 33/75/01 Non heker, Marks

14974

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

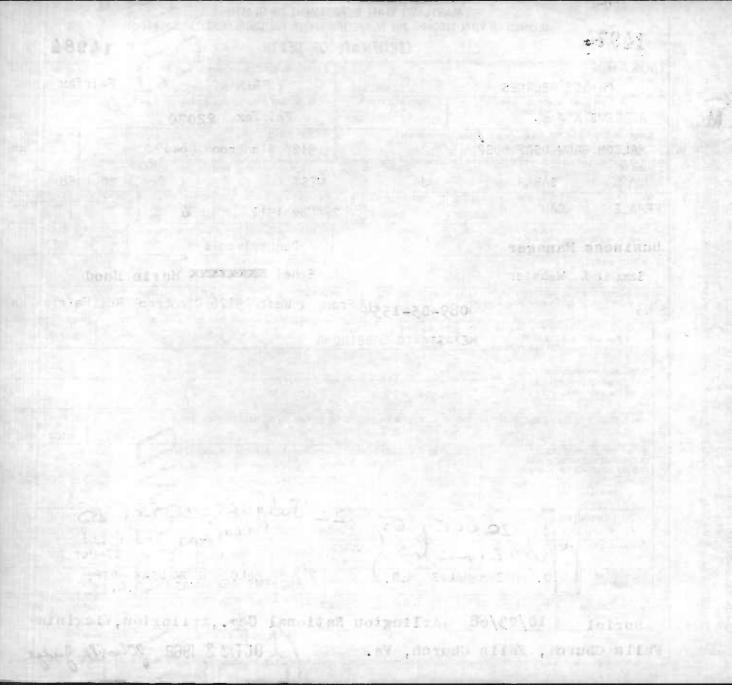
CERTIFICATE OF DEATH

14984

				/ -	
1.	g. COUNTY		2. USUAL RESIDENCE (W	here deceased lived, if institution: Resider	
	PRINCE GEORGES	MARYLAND	a. STATE VIRGI	NIA Fa	irfax
	b. CITY OR TOWN (If outside carporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, write RURAL and giv	e nearest town)
	ANDREWS A've pearest town)		Fairfa	× 22030	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
L	MALCOM GROW USAF HOSP		9126 Glen	brook Road	YES NO
3.	NAME OF First	Middle	Last	4. DATE Manth	Day Year
	(Type or print) SARAH	J	WEST	OF Oct. 20	, 1968 19
	SEX 6. COLOR OR RACE 7. MA		8. DATE OF BIRTH	9. AGE (In years IF UNDER lest-birthday) Manths	
Г	FEMALE CAU WID	OWED DIVORCED	27 Nov 1911	less birthday) Manths yrs.	Days Hours Min.
10		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County &	State, ar foreign country) 12. CI	TIZEN OF WHAT
a	uring most of working life eyen if retired) BUSINGSS Manager	INDUSTRY	Pennsy1	vania	UNTRY? USA
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
1	Samuel K. Webster		Ethel K	Wetank Marie Ho	od
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	F . 6 . W
(res, na, ar unknown) (If yes give war or dates of service	089-05-1554 Fr	ank T West	9126 Glenbrook Rd,	Fairtax, Va
	18. CAUSE OF DEATH (Enter only one cause per	line far (a), (b), and (c).)			INTERVAL BETWEEN
Г	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	METASTATIC CARCIN	OMA		ONSET AND DEATH
	199/ DUE TO				
Н	Conditions, if any, which gave) (b)				
	rise to immediate cause (a), Stating the underlying cause				
	last. (c)				
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	1992				PERFORMED? YESXX NO
FICE	20g. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	art I or Part II af item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City or tawn) (Ca	unty) (Stote)
MED	Hour a.m. p.m. 19	While at work of foc	tory, street, affice bldg., etc.)		
	21. I certify that (W (this haspital)		72 July 19	68 to 20 Oct 191	Shat (I) (we) la:
	saw the deceased glive an 70	OCT. 11963/and tha	t death accurred at	M, fram causes and an t	he date stated above
	22g. SIGNATURE			22b. D.	ATE SIGNED
ı	1 /001/21	DIRECTOR L PHYS. L	0ct 68		
	22c. PHYSICIAN'S GO. HATZIM	IHALIS, M.D.	22d. ADDRESS MA	LOOM GROW USAF HOS AFB, WASH D.C.	Ρ,
	NAME (Type)		ANDREWS	AFB, WASH D.C.	
2	Burial, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	Burial 10/23/68	3 Arlington 1	National Co	m., Arlington, V:	
	24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S S	
	Falls Church, Falls	Church, Va.	DATE OC	T 2 2 1968 Rclian	las Judge

e funeral within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled, it director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within NQ executed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

ter death.



	14975			V- 1-1-1	CERTIFI	CATE OF	DEATH	, , , , , , , , , ,			149	35	
	ASED-NAME	First	CI. I	Middle		Last		2a. DATE OF				2b. F	HOUR TO
(1)	e or print)	Mary	Elizabe	th X.	W:	ilding		0	ctober	29 29	196		50M
3. SEX			4. RACE	12-2-11-1		S. DATE OF BI	RTH		6. AGE (In year	rs II	FUNDER I YEAR	IF UNDER	24 HRS.
	Female	9		White	- 25	May 8,	1889		last birthday)	YRS.	JNIHS UATS	HORKS	MIN
7o. BIF	THPLACE (Stote or f	oreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MAR	RIED X	COUNTY OF	DEATH	- 17			
Dis	trict of			ed States	WIDOWED	DIVOR	CED 🔲		Prin	ice G	eorge		Md.
	Y OR TOWN OF DEA			ME OF HOSPITAL OR IN treet address)	ISTITUTION (If	not in hospital			(Kind of work of life, even if retin	done	12b. KIND OF INDUSTRY	BUSINESS	OR
	Hyattsvil			Sac	red He	art Hom	e	CTe	rical		Govern	ment	t
13a. U admiss	ian) STATE		1 126 COLINITY	on: Residence before	1 111011		3d. INSIDE CITY LIMIT		REET AND NUMBE				
14.54		yland	Pri	nce Georg			<u> </u>	- 021	O Sheri		St. A	pt.	319
14. FA		irst	Middle	last	1	IS. MOTHER'S MA			Mide			Last	
14- 1	/AS DECEASED EVER	Lliam	A.	Wildin		INCODMANT	Ma	ary		nces	- 1	O'De	a
			r or dates of service)	579-60-51	1	INFORMANT Grachet	Soller	Sine . [1]	620 She Hyatts		anstre Ma	ryla	nd
Ti		H (Enter anly	one couse per lin	e for (o), (b), and (c)			0010	JINO , M/	11,7 0,000	V ale ale ale	APPROXIA	LATE INTERV	/AL
	PART I. DEATH V	WAS CAUSED	BY:	erebral		mbosis					BETWEEN OF	SET AND DI	EATH
	4120	IMMEDIAI	E CAUSE (a)	S A CONSEQUENCE OF		21100313					J 60	PS.	
	onditions, if any, w		/L A	rteriusele	rotic	heart	disease	c wi	th		Mark	et=	
	se to immediate c tating the underlyi		(~)	S A CONSEQUENCE OF		auricul			him.		00000		
	ist. 4200	ing couse)	(c)			COLCITOR		151 11100	11110				
Ī	ART 2. OTHER SIGNI	FICANT COND	OITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR COI	NDITION GIVEN	I IN PART I(a)				
N	Parkin	sonis	m, sei	rere.									
MEDICAL CERTIFICATION	o. DATE OF OPERATION	ON 196. C	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOI	SY?		YES, WERE FINDS	INGS CONS	SIDERED IN CE	RTIFYING	
RTIF						YES	NO 🔼	CAUSES	OF DEATH?	-			
3 2	OR CONTRIBUTING	-	m 1 41 111111 01	Month Day Year		IOW INJURY OCC	JRRED (Enter r	nature of injur	y in Part 1 or Pa	art 2, Iter	n 18.)		
ED (I	f either, notify med	ical examine	er) P.M.		9	-							
	Id. INJURY OCCURRI Vhile Not while	ED 21e. P	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. 1	OCATION Street	or R.F.D. No.	City	or Tawn	100	County	St	rate
01	work at work		1 1 1		1.6	F 1 h	10 6	9	10	2 /	/		
2	Za. I certify the	at (I) (this	haspital) afte	nded the deceas	ed tram	od that in (m)	19 <u>3</u>	an death a	coursed an th	919_6	5, that	(I) (we) last
	causes state	ed abave,	(I) (we) (did) (did nat) view the	bady after	death.) (aay) ahiiii	un deum d	cconed an ii	ie dute	alta llaat c	iita itai	ni ine
3	26 STGNATURE	1	10 -	-ma	m	D ATTENDIN	n sarr		CTAFF	22c. DAT	E SIGNED	- / /	
	Cum	NOTE	m	1000	DEG	REE PHYS.		ECTOR -	STAFF PHYS.	00	29,1	968	
2	2d. PHYSICIAN'S NAME (Type)	Villia	m F. Si	mpson,	mD	22e ADDS	ESS NA	4 are	NE	-	DC a	900	//
	URIAL, CREMATION,	23b. D/	ATF	23c. NAME OF	CEMETERY OF	CDEMATORY	T	224 LOCATIO	N (City or Town)		((State)	
1	EMOVAL (Specify)	111	2-1968	111. 0	livet	Cemeter			inaton.	0	(County)	(Store)	

REC'D BY REGISTRAR NOV 7

1968

DATE

8434

Pumphrey.

Avenue

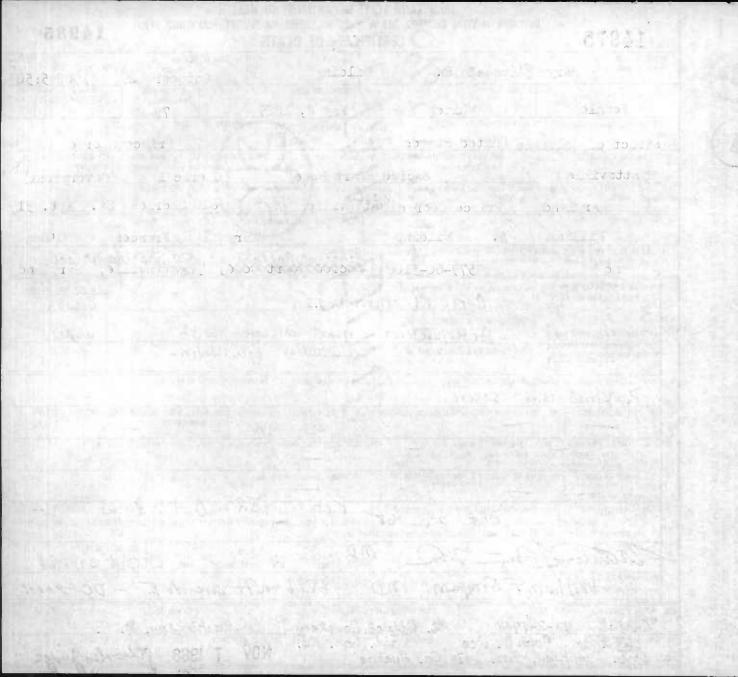
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely findirector, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove carbon should be filed with the Stote Dept. of Heolth prior to buriol, cremation, or removol, and in ony event, with VR A15 (4) 45M - 1/69

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth

Page 4 moy be retained by the hospital ar attending physicion.

6

2



any delay is PM2 Page

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages J

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along wi O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DICAL EXAMINER: This certificate should be executed within 24 hours after death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH 14976 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-48	4	0	0	0
- 8	64	M	24	00
-8-	- 1	0.7	1 3	10.00

		,	MEDIC	AL EXAMII	NER'S (ERTIF	ICATE	OF DE	ATH			7.7	300)
1. DECEASED (Type or		First		Middle	DA S		Lost			20. DATE KNOWN	Month	Day	Yeor	2b. HOUR
(Type of	riiii)	David		P			ilkim	3		OF ESTI- DEATH MATED	E 10-3	31-68	197	1200
3. SEX	4	RACE	S. DATE OF BIR	TH 6.	AGE (In years	MONTHS	DER 1 YEAR	IF UNDER HOURS	24 HRS. MIN.	2c. DATE PRONOUN	CED DEAD			2d. HOU
Male	. 1	White	2-4-195		14 YR		DATS	HOOKS	min.	Manth 10	31	68	19]]	30m
7a. BIRTHPL		r fareign 7	b. CITIZEN OF WHA	AT COUNTRY?	8. M	ARRIED	NEVER MAI		9. COU	NTY OF DEATH				
country)	Mass.		USA			DOWED [-	RCED	Pri	nce Geor	ge 's			N
10. CITY OR	linto	n	give st	ME OF HOSPITAL Oreet oddress) inton Me	dical	Cent	ter	during	most of	CUPATION (Kind of f working life, ever ent	work done if retired.)	12b. KIND INDUSTRY		NESS OR
130. USUAL admission	RESIDENCE TYLANC RESIDENCE	(Where decease	ed lived, if institut 13b. COUNTX nince Ge	tion: Residence be	fare 13c. (11 helte	ry or tov nham	VN 13	L INSIDE CITY		13e. STREET AND N				
14. FATHER'S	NAME	First	Middle		ast		THER'S MAI	DEN NAME	First		Middle		lost	
	V	illiam	R.	Will	cins				Fern	a	E.	St	ahl	
160. WAS DEC	CEASED EVER ar unknawn)	IN U.S. ARMED F	ORCES? war or dates of service)	16b. SOCIAL SECURI	TY NO.	17. INFOR	MANT liam	R. Wi	llkir		oress Qu	arter Sta	s B.	
			y ane cause per lin BY: TE CAUSE (a)			brair	1						PROXIMATE VEEN ONSET	
8	12	IMMEDIA	DUE TO, OR	AS A CONSEQUENCE	of Tra	auma	auto	acci	dent		THE STATE OF		7	
Condit	tions, if any	, which gave	(b)											
		te cause (a), erlying cause		AS A CONSEQUENC	E OF	in ke	57.50	(Si	lus.	e di vit			T ST	N.
81	OTHER SIG	INIFICANT CONDI	TIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATE	D TO THE	TERMINAL D	ISEASE OR (CONDITIO	N GIVEN IN PART 1	(a)			
190. D. 190. D	ATE OF OPE	RATION		19b. CONDITION FO WAS PERFORA		PERATION							AUTOPSY'	? NO 🔀
₩ 21a. EX	XTERNAL CA		21b. TIME OF I	NJURY Month, Day,	Year	21c. HOW	INJURY OC	CURRED (En	nter natur	re of injury in Part	1 or Part 2,	Item 18.)		7,00
PRIMA CAUSE	ARY 🔀 OR (E OF DEATH	ONTRIBUTING [11:OOm	m 10-31-	19 68	Pass	senger	of of	car	involved	in co	ollisi	ion.	
- 210	JURY OCCU	RRED 21e. P	LACE-OF INILIRY (A	t home form stre	et	21f LOCA	TION Street	or R F D. Na	-	City or Town	177	-County		State
WHIL AT WO	ORK AT V	WHILE RTOC	• 5 . 200	feet not	th of	Rt.	381.	T.B.	, Pr	ince Geo	rge Co	Mo	d.	
	22o. 1 ce		ook chorge of th						_		Inquiry [d in my	y opinio
			Notyfal cous	- 4			de 🔲,	Homicia		Undetermine	ed manner			
			1.	1-1)	1			F MEDICAL				- 191		
ACTU	IAL IATURE	4	M. K	lo		35.77				MINER		E SIGNED		
6000	MINER'S	71	17			0120		UTY MEDICA				11-1-6	58_	
MAM	E (Type)		ehoe MD	Riverd	ale.	Md.	1.0	RESS(Street	t, city, ta	wn, ar caunty)		This is		
23a. BURIA			DATE	23c. NAME	OF CEMETER	RY OR CRE	MATORY		23d.	LOCATION (City or	Town)	(Caunty)	(St	tate)
Gre	VAL (Specify matic	n\ 1.	L-4-68		ar Hil	LI Ce	meter	У		Suitland		. Geo		ld.
24. FUNERA Wilhe	al director	meral H	Home 430	08 Suitle	and Ro	d. S.	E.	DATE N	D BY REG	6 1968	REGISTRAR'S	SIGNATUR		n

VR A15ME (5) 10M REV. 1/68

5 may be retoined for your files.

alegged contains and rolling nowed to polity word a series of and intilled at configurations for commences to the configuration of the The state of the s Bact a VOA

thours after death. Jany delay is them 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours necessary, please execute the certificate, writing the ward "pending" in pencil in term 1

TO DEPUTY

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner

14977

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14987

BAFDICAL	CVARRINGDIC	CEDTIFICATE	OF DEATH
MEDICAL	EXAMINER'S	CERTIFICATE	UF DEATH

	ECEASED-NAME	First		Middle			Lost			Doy Yeor 2b.	. HOUR
- (Type or Print)	Franc	ces	Louise		Woo	ho		DEATH MATED 10-1	15-681910:0	MeOC
3. 5	EX	4. RACE	S. DATE OF BIR	TH 6. A	GE (In years	s IF UNDER	1 YEAR IF	UNOER 24 HRS	2c. DATE PRONOUNCED DEAD		HOUR
T	emale	White	2-1-191		ost birthday 2 ve	RS. MONTHS	DAYS HO	URS MI	Month Day	68 1912:BC	M mere
70.	BIRTHPLACE (State		7b. CITIZEN OF WHA				EVER MARRIED	7 9.0	COUNTY OF DEATH	00 142.00	Dan
coun	Texas		US			DOWED [DIVORCED	=	rince George's		Md
	ITY OR TOWN OF	DEATH	111. NA	ME OF HOSPITAL OR	INSTITUTI	ON (If not in		- 1		12b. KIND OF BUSINESS	
	Hyattsv		give s	treet oddress) 03 Fremont	t Pla	ace			nousewile	Home Home	
130.	USUAL RESIDENG	CE (Where deceo		tion: Residence befo				OE CITY LIMITS?	- TOTAL TRANSPORT		
	dmission) STATE Maryla	.nd		George's		attsvi		NO L	8303 Fremont P.	lace	
14. F	ATHER'S NAME	First	Middle	los	t	IS. MOTH	ER'S MAIDEN N	NAME Fir	rst Middle	Lost	
		Harol	d Smith				Willie	V Va	aughn		
160.	WAS DECEASED EV	ER IN U.S. ARMED	FORCES? war or dates of service)	16b. SOCIAL SECURITY	NO.	17. INFORMA			ADDRESS	WELL TO THE	
,	es, no, or unknow	Di (ii yes give	- WOL OL GOLEZ OL ZELAICE)	577 24 52	63	Walt	er H W	ood	Hyattsville,	Md.	
				ne for (o), (b), ond (t).)	1.5		2100		APPROXIMATE INTER BETWEEN ONSET AND	
	PART I. D	EATH WAS CAUSE	D BY: ATE CAUSE (o) AS	sphyxia							
100	753X			AS A CONSEQUENCE	of Ha	anging					
81		ny, which gove	(b)								
		iote couse (o), derlying couse		AS A CONSEQUENCE	OF						
	last.		(6)								
	PART 2. OTHER	SIGNIFICANT COND	OITIONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATE	D TO THE TER	MINAL DISEAS	E OR CONDI	ITION GIVEN IN PART 1(0)		
	974)	X		ALC:							
TION	190. DATE OF O	PERATION	F1.334 F1.33	19b. CONDITION FOR	WHICH O	PERATION		-		20. AUTOPSY?	- 1
FIC	THE RESERVE TO			WAS PERFORME	D?					YES 😿 N	NO 🗆
MEDICAL CERTIFICATION	210. EXTERNAL		21b. TIME OF	INJURY Month, Doy, Y	eor	21c. HOW IN	JURY OCCURR	ED (Enter no	oture of injury in Port 1 or Port 2, Iter		
S	PRIMARY 50	R CONTRIBUTING	HOUR A.M		68	10000				- 9 X - 13 E	
MED	21d. INJURY OC			At home, form, street		21f. LOCATIO	N Street or R.F.	.D. No.	sement of home.	County	Stote
	WHILE TO N		sement of				as #1;				
					had aka				In continue RP In continue I		
1.5			-/1	ne remoins descri	2-		, , ,		Inspection X, Inquiry	, and in my a	pinian
	death re	sulted fram	Natural caus	Accide		Suicide		micide _			
8	ACTUAL SIGNATURE	1	phy	Tel	CA	A M	ACCICTAN	DICAL EXAN T MEDICAL I	EXAMINER 22b. DATE S		
	EXAMINER'S	/1.			7	1	DEPUTY A	MEDICAL EXA	AMINER 10-	16-68	
	NAME (Type)	John K	ehoe MD	Riverda				Street, city,	, town, or county)		
230	BURIAL, CREMA	TION, 23b.	. DATE	23c. NAME C	F CEMETER	RY OR CREMA	TORY			(County) (Stote))
	REMOVAL (Speci	II / Oc	t 18, 19	68 Ft L	inco	ln Cem	etery		Colmar Manor, Pro		SELE
24.	FUNERAL DIRECT			ADD	RESS		2So.		REGISTRAR 25b. REGISTRAR'S SI		
		F. Gasc	h's Sons	Hyattsv	ille	, Md.	DAT	TOO	2.1 1968 Oction	ela Judge	94 7

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5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health prior ta burial, cremation, or removal, and in any event within 72 haurs after death.

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14978

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14988

	CEASED-NAME	First	Middle		Lost	20	D. DATE OF I	DEATH		2b. HOUR
								Adamah D.	W	20. 110 UK
(,)	ype or print)	Mary	A.	Wo	odworth		Oct.	Month 16, Do	1968°°	10:30
. SE)	X	4. RACE			S. DATE OF BIRTH		-	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Cau	casian		Jan. 1	1, 1884		last birthday) YRS.	MONTHS OAYS	HOURS MIN
	IRTHPLACE (Stote or foreign	n 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRI	ED NEVER MARRIED		DUNTY OF	DEATH		
ount	Ill.	U. S.	A.	WIDOW			-inco	George's	100	N
0. CI	ITY OR TOWN OF DEATH		. NAME OF HOSPITAL OR		100	12o. USUAL OC	CUPATION (Kind of work done		F BUSINESS OR
	Cheverly	Pı	ve street oddress)	en'1	MOSULLAL			fe, even if retired.)	OWIN 1	Home
	USUAL RESIDENCE (Where assion) STATE	deceosed lived, if inst 13b. COUNT		e 13c. CITY		INSIDE CITY LIMITS?	13e. STR	EET AND NUMBER		
M	laryland	Prince	George's	Kent	Village 1	S NO	281	8 74th Av	enue	
4. F/	ATHER'S NAME First	Middle	e Lost		15. MOTHER'S MAIDE	N NAME First		Middle		Lost
T	homas Voyles	3			Ella	??				
60.	WAS DECEASED EVER IN U.		16b. SOCIAL SECURIT	Y NO. 1	17. INFORMANT			Address		20-9-4
Y	es no, or unknown) (if yo	es give war or dates of service)	213 56 8	602	Pauline F.	ratanti	Ono	Same as	# 13	
Ť		A			I GOLLEGO I.			Denie de	APPRO	KIMATE INTERVAL
	18. CAUSE OF DEATH (En								BETWEEN	ONSET AND DEATH
		MMEDIATE CAUSE (a) _	Hypolen	Siro						
- 1	402 X							0		
		. DUE 10 C	IK AN A LUNNHULIENLE L							
	Conditions, if onv. which		OR AS A CONSEQUENCE C		1 CHE! Dans	t Co.	o have	1 Shoon be	25.25	
	Conditions, if ony, which rise to immediate couse	gove) (b)_	Ce 106257a	cula	1 attiden	et. Ce	126xcm	I some be	35.5	
		gove) (b)_	Care Garace	cula F_	1 acciden			ST	35.5	
	rise to immediate couse	gove) (b)_	Ce 106257a	cula F_	Heust		ease	ST	33'5	
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	rise to immediate couse stating the underlying c last.	gove (b)_ c (o), ouse (c)_	Care Gorra	eula usiva	Heart	Dis	ease		isi' s .	
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	rise to immediate couse stating the underlying c last.	gove (b)	Care Gorra	NOT RELATE	Hew D TO THE TERMINAL DIS	Dis	TION GIVEN			CERTIFYING
	nse to immediate couse stating the underlying clast. PART 2. OTHER SIGNIFICAL 4.4.3 × 190. DATE OF OPERATION	gove (b) ouse DUE TO, O (c) NT CONDITIONS CONTR	PR AS A CONSEQUENCE CE HY JEST LIBUTING TO DEATH BUT	NOT RELATED	Hew D TO THE TERMINAL DIS	DIS	TION GIVEN 20b. IF CAUSES	IN PART 1(0) YES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capacitely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please restave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in an exercic within 72 harmonical death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68

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